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THE RUDIMENTS OF CHARACTER¹

A STUDY OF INFANT BEHAVIOR

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I.

Lullay! lullay! lytel child, why wepy thou so sore,
Thou art bothin God and man, what woldyst thou be more?

—From an early fifteenth century MS.,
Sloane Collection.

Although the characteristics of the temperament which is commonly known as nervous, neurotic or highly-strung, are manifold, no very wide experience of cases of this kind is needed to establish beyond any reasonable doubt that the neuroses are essentially disorders of the emotions. It may be open to question whether they are the outcome of a superabundance of feelings, or of anomalous control of feelings which are themselves in no way exceptional, or whether both these factors are of account. But certain it is that they involve no emotion which is not also to be found in the average man or woman, the peculiarities of the neurotic temperament lying rather in the peculiar manifestations of these ordinary feelings. Herein we may recognize a connection between the normal and the pathological, the neuroses being merely disorders of the normal emo-

¹ Read May 15, 1919, before the British Psycho-analytical Society.

tions with which all are endowed; and their distinctive manifestations are to be understood only in the light of a study of the normal.

If, however, we turn to the normal life of the average healthy adult, we encounter a serious difficulty. Adult psychology, under the conditions of modern civilization, is enormously involved; it is the outcome of many years of development and change. To attempt to approach the subject along this road is as though in analytical chemistry, we submitted the most complex organic compounds as a student's first subject of investigation, instead of setting him to work on elements and their simplest combinations. In psychology we need to study the emotions at their simplest—in other words, to begin with the period of childhood. True we must even then be on our guard against mistaking the pathological for the healthy, seeing that neurotic troubles are not uncommon in the earliest years of life. In point of fact, however, they are hardly to be seen until the fourth or fifth year, and certainly are not recognizable in infancy. We shall be safe, therefore, in inferring that all, or practically all very young children are normal in this respect, their psychical processes only later deviating in a minority of cases from the normal. The further conclusion may be drawn that these early processes are the common basis of both the normal and neurotic developments of later years. It will be of greatest service, therefore, first to establish the main facts of infantile psychology, and secondly to study the earliest manifestations of nervous children, since these provide a ready insight into the simplest types of nervous disorders.

Two other reasons, each of the first importance, emphasize the desirability of this course. The first is that at no time compared with childhood are the emotions so strong, quick and simple, so uncontrolled and openly demonstrated. In childhood, therefore, we may expect to find them in their elemental form, as yet not moulded by the educative forces of family and social life.

The second is that the emotions are more impressionable at this age than at any later period. Moreover, this very impressionableness of child nature, which of course is implicitly admitted in every system of education, accounts for the fact that the earliest impressions are the deepest and most enduring. It will be apparent, therefore, that the experiences of these earliest years must fundamentally influence the character of temperament of the future adult. But inasmuch as psychical development is necessarily continuous and uninterrupted day by day from childhood to adult life, we are entitled to assume that there is nothing in adult psychology which is not de-

rived from some childhood element. It is the task of the science of psychology to follow each stage of this development, beginning indeed as early as birth, when it should be possible to trace within the four corners of an infant's mind the foundations of all the elaborate superstructure which is added later in the course of years.

In this connection it should be recognized that no sudden break is to be inferred in the psychology of the child immediately before and after birth, the latter stage being only a development of the former, and the process of parturition an incident in the child's life.

It may seem rash to attempt to explore the interior of a newborn infant's mind, but the task is not impracticable. In a child of one or two years we can plainly recognize the same essential processes as we ourselves possess, and if it may be assumed that no complete metamorphosis takes place during the first months of life, but on the contrary that even the earliest developments are steps in an orderly progression from the most primitive psychical state, a clue is obtained which can help in the solution of many difficult problems.

To begin with, the newborn child possesses a mind which, so far as intelligence goes, is a blank. It has not only no appreciation of its surroundings, but it is without any sense of individuality and is unable even to recognize its limbs as parts of its own body. It possesses no voluntary control of its muscles, and shows no power of volition (will power) which would enable it to effect any change in its own condition or its environment. In a word, it lacks all experience gained through its bodily senses.

Against this comprehensive limitation, is to be set a two-fold qualification. It possesses a healthy body, the organs of which are in vigorous function. It is further equipped with an ample provision of sensory surfaces spread over its body, here more sensitive, here less, and in places elaborated into special sense organs. Their rôle is to furnish a means of apprising itself of its relations to the outside world. For some little time after birth, however, most of them are of secondary importance, even those that are most specialized, such as sight and hearing, being of small account. But those of them which are associated with the vital organic functions of nutrition and excretion are of primary importance, and claim a predominant and for the time being an almost exclusive influence in its psychical life.

This last statement may be justified by the following consideration. While at the one extreme the interests and preoccupation of a cultured adult are coextensive with the range of human knowledge

and thought—*nihil humani alienum*—his interests at an earlier period scarcely passed beyond the circle of his schoolmates, and at successively earlier ages the boundaries have been his home, his nursery, the immediate surroundings of his cradle. And earlier still? The newborn infant is almost wholly preoccupied with that which is nearest and newest to it, namely its nutritive and excretory functions, together with the sensations derived from them. It is these functions, therefore, that must first be taken into consideration.

Indeed every mother knows that her infant's behavior at any time is chiefly dependent on the state of these bodily functions. Under certain conditions of these functions the child becomes quiet and motionless and soon passes into placid sleep. Under contrary conditions it grows uneasy, restless and wakeful; it whimpers, cries, yells, holds its breath until it is purple in the face, and may ultimately be convulsed as if by epilepsy. It would appear therefore that physical well-being finds its expression in sleep and muscular quiet, while physical discomfort is manifested at this age by waking and various degrees of restlessness. We shall later have grounds for surmising that these two bodily states carry with them corresponding mental states of contentment and of something of a contradistinctive nature.

But the sleep to which a contented infant naturally turns, is of course none other than the state which prevailed throughout its sojourn in the womb, the period, that is to say, when it was shielded from external stimulation, when all its bodily wants were supplied with no effort on its own part.²

From this Nirvana it is roused by the cruel experience of being born, when, gripped body and limbs in the vice of the terrific primitive birth-forces of a mother in travail, it is driven onward, squeezed, crushed, contorted, even bruised or torn, and generally half-suffocated, to the outer world. This experience, in contrast to the preëxisting state of physical well-being, can be regarded only as one of intense physical distress, and if the former implies feelings of contentment, the latter is responsible for feelings most nearly akin to fear.

To go one step further, this most dreadful experience marks the primary division of an infant's emotions into these two kinds. If, moreover, it may be assumed (and proof of this will shortly be offered) that a rudimentary memory is operative from the time of

² Except perhaps for slight muscular movements which represent the effects of slight external (or internal) disturbances.

birth, the newborn infant, vaguely remembering the past, can have no other wish than to resume the conditions of its intrauterine life. And, of course, at the first opportunity, so soon as approximately similar conditions (warmth, food, quiet, dark) are provided for it, it regularly lapses into sleep, thereby attaining the realization of its first desire.

To return to the question of the bodily functions and their sensations. The otherwise satisfied child attempts to regain its lost Nirvana. But some of the most important of the original conditions have gone, never to be reestablished. Whereas its only contact hitherto with the external world has been a remote one, through the placenta, it is now compelled to find new and direct channels of communication with its environment in order to make good the loss of the several placental functions. These channels are necessarily parts of its own body which are readily accessible to the outer world on which it is now for the first time directly dependent. They comprise four highly sensitive areas or zones—one for nutrition (mouth), two for excretion (bladder and bowel), and one for both nutrition and excretion (air-passages). They may be termed the *nutri-excretal zones*.

By means of these four *primæ viæ*—the first servitors to its intelligence—the infant establishes its earliest contact with the external world. The sensations derived from them provide it with its first, and therefore its deepest and most enduring, emotional experiences. By their agency it gains its primal notions of the world; and its sequential ideas can be expressed only in terms of these original experiences. Their psychical significance, therefore, is paramount.³

1. Oral Zone

Hunger can scarcely be any but a novel sensation at the time of birth, and becomes forthwith a dominant periodic influence. On the first occasion when the physical need of nourishment is at all urgent, feelings of hunger break in upon the infant's sleep, and, if unrelieved, they provoke a show of restless discontent, expressed by increasingly vigorous movements not only of the limbs and trunk, but of the face, larynx and muscles of respiration. Nevertheless, the infant, though obviously under strong emotion, can have no knowledge of the cause of its feelings, or how to ease them. Indeed,

³ An importance which is never lost throughout life, as is shown by the intense mental commotion produced even in adults if an imperative call from any of them is resisted.

put to the breast for a first time, it may make no effort to suck, but, on the contrary, persists in its generalized purposeless movements which are unavailing to secure the milk which it needs. It appears unable to direct the discharge of motor energy to the lips and mouth which by simultaneously affording an outlet for the motor energy, and allaying the source of the excitement, alone can be of service to it. But after a few unsuccessful attempts, in which at last milk is expressed as much by chance as design, it begins, under the stimulus of the warm fluid in its mouth, to make specially vigorous sucking and swallowing movements. The hunger feelings are gradually relieved, and almost from the moment feeding begins the general muscular unrest subsides. Ultimately the infant falls asleep again.

Not a great while after birth⁴ a development may be noticed which is significant as disclosing antagonistic desires to sleep and to feed. Sensations of hunger, short of fully waking the child, may only partially rouse it. It then takes the breast without waking; though afterwards its sleep will be deeper than before. On these occasions—and they are very common—the desire to sleep is opposed to the desire to feed; but the infant succeeds in gratifying both simultaneously. This psychical situation is of special interest seeing that it combines some of the features of a real experience and of a dream.

Meanwhile it is important to notice yet another way in which this early conflict of desire may be dealt with. The child may temporize with the situation by continuing to enjoy sleep and at the same time performing the act of sucking with its lips. These movements will have often been seen by anyone who has watched infants sleeping; they occur apart from any stimulation of the mouth by finger-tip or teat, and they may be taken as revealing a sharpening of the appetite just crystallized into a desire to feed. The infant, unwilling as always to emerge from sleep, secures itself against waking by offering this sop to its feelings. In other words, its first dream has been elaborated. The psychical structure of the dream is of the simplest and permits us to identify (*a*) an unsatisfied desire—to feed, (*b*) an hallucinatory gratification of this desire, and (*c*) a motive for the dream (as a substitute for the real experience) namely, the wish to sleep.

In passing we may avail ourselves of two conclusions from the foregoing to be made use of later. If, as is here contended, even

⁴ Here and throughout this paper ages are not given; infants vary so widely in the rate of their psychical development that to fix an age when a phenomenon first shows itself would only be misleading.

the youngest infant dreams—that is to say revives in sleep the hallucinatory image of a past impression—proof is complete of what was assumed just now, namely, that memory is operative from the time of birth.⁵ Secondly, the production of hallucinations is a psychical phenomenon of the same early period.

2. Urethral Zone

A not dissimilar set of inferences may be drawn with respect to urination, though this is distinguished from the act of feeding by certain special circumstances. Urination, unlike feeding, may occur during ante-natal life, as shown by the more or less invariable presence of urea in the amniotic fluid.⁶ For this to take place the bladder would be sufficiently distended to provoke discomfort, and the act relieves this feeling—that is it serves to gratify the desire to urinate; a desire which can tend only to disturb ante-natal sleep, but, being gratifiable as soon as it takes shape, is not likely to produce more than the merest ripple on the surface.

After birth, the need to relieve the feelings from a distended bladder recurs frequently; but the stimulus (urine) being located within the infant (unlike milk which is not forthcoming without the external agency of the mother) the desire to urinate can still be subordinated to the dominant wish to sleep; and of course no young baby does, in fact, wake merely to urinate. Here again we recognize a desire calling for gratification presenting itself to the sleeping mind of the child, who, without waking, gratifies it in reality—again a psychical situation which is not merely a dream and not merely reality, but a dream come true. At this level of psychical development the distinction between dream and reality has not been made; a dream is reality, reality is a dream.⁷

⁵ Its activity can, of course, be readily identified objectively before many weeks have passed.

⁶ Unless this occurs during the process of birth as a result of partial asphyxia.

⁷ For some considerable time after birth, certainly for several years, children in no way recognize a distinction between the events in a dream and real experiences; though it is hardly possible on account of the very limited power of expression of thought possessed by a very young child, to date precisely the time when the distinction begins to be made. I have known a child of four years confident that he had really participated in the events of his dream of the night before, and he showed blank astonishment on being told to the contrary. Compare with this the belief of savages in the reality of dreams (Fraser's *Golden Bough*).

3. *Anal Zone*

Before birth, when the child is absorbing its nourishment otherwise than from the alimentary canal, no residue of food accumulates in the bowel, and defecation does not occur. Nevertheless the bowel becomes laden with meconium which, remarkable to relate, while provoking no action in utero, does so regularly within a few hours of birth, and before food has been taken. How is this to be accounted for? It cannot be supposed that the meconium rapidly assumes stimulating properties. The peristaltic action of the bowel must be ascribed rather to another cause—perhaps to the feelings of hunger provoking a response along the whole length of the alimentary canal. In this connection it will be recalled how an action of an infant's bowels commonly synchronizes with the act of feeding—an association which is in harmony with the tendency to generalized muscular contractions in response to specialized feelings already referred to.

Since defecation, unlike urination, does not occur during intra-uterine life, sensations from the bowel can have no psychical influence until after birth. From this time, however, the bowel, particularly the sensitive anal canal, becomes the source of some of the most powerful impressions. This will not be questioned by anyone who has seen the profoundly disturbed behavior of an infant struggling with the act of defecation. But under favorable circumstances and because the infant is independent of its environment on these occasions, the act is performed without waking. No conflict of desire arises and the psychical situation once again combines essential features of a dream and a real experience, without any need for its hallucinatory gratification.

4. *Respiratory Zone*

The three zones referred to above share the same outstanding features. In connection with each is a sensitive mucous passage communicating with the exterior, feelings of emptiness (hunger) or distension, and an object-stimulus which relieves the feelings with the production of pleasurable sensations; further, the zones become active when the placental functions come to an end. It may be added from our knowledge of adult psychology that these zones, if no adequate stimulus is forthcoming, occasion anxiety (pathological fear).

The respiratory passage fulfills all these conditions and it is not

at first easy to understand why its claim to rank beside the other zones has been overlooked.

At the moment when the placental circulation is interrupted (commonly some little time before the infant's mouth and nose are clear of the maternal passages), a condition of partial suffocation is produced, and this increases in intensity until the child draws its first breath, often not for several minutes. If it be allowed that suffocation is a not dissimilar experience at this age and in later life, it will be obvious that (a) suffocation is an important—perhaps the most important—factor in the production of fear during birth; (b) the impression produced by the experience occurring at the very outset of life will be profound, and (c) since this experience is common to practically all infants, a special significance will be assignable to the respiratory function in later psychical development. In this connection attention may be drawn to the following observations.

1. Infants may often be seen "playing" with their breath—breathing quickly then slowly, shallowly then deeply—their attention obviously concentrated on the game—just as they play with a "dummy" comforter in the mouth or with feces in the anal canal. Moreover, they conceive of breath, the stimulus-object, as a concrete thing; and this well into childhood, as shown by a boy of six who offered a handful of his breath to another child panting after a race.

2. When annoyed, infants will obstinately hold their breath, even to the point of becoming convulsed and comatose. The motor energy expended in the convulsion is evidently derived from the tension in the exquisitely sensitive respiratory mucous membrane. Here may be recalled the intimate relation between pathologically obstructed breathing and infantile convulsions; nowhere is the connection better seen than when the respiratory spasm of whooping cough leads to a convulsion.

3. That the respiratory zone, when its natural object stimulus is withheld, becomes the source of pathological fear, may be demonstrated by anyone who cares to make the experiment of holding his breath as long as he cares—and a little longer. The resulting sensations are those of an acute anxiety attack.

4. Psycho-analysis of neurotic adults gives frequent opportunity to recognize the profound and enduring effects (especially in the form of anxiety) of suffocating experiences in early childhood, *e.g.*, sucking at the mother's breast, overlaying in bed, neglected tonsils and adenoids, falling into bath-water, etc.

5. Fear, both normal and morbid, will produce vomiting, diarrhea, urination—and suffocating feelings in the respiratory zone.

6. Finally, the hedonic element in breathing may be recognized in sniffing deeply at, *e.g.*, a flower, when it will be found that not all the pleasure is olfactory. The habit of inhaling tobacco-smoke is similarly motivated; and it may even be that sighing and yawning represent a masturbatory stimulus of the respiratory zone.

It may at first sight be thought that a zone which is by far the most sensitive, and most quickly produces the most intense anxiety could hardly have been overlooked. Its very importance accounts for the oversight. Every serious disturbance of its functions removes the patient from psychoanalytical investigation by the intervention of death. Only its transitory, or, rather, momentary disturbances are revealed to psycho-analysis by effects such as those instanced above.⁸

Mention has just been made of the practice of holding the breath, sometimes until convulsions and coma result. This habit is not so uncommon, at any rate among boys. Attacks are provoked by annoyance, and infants liable to them prove to be obstinate and difficult to manage. As bearing on this I would like to draw attention to the same habit in adults—usually men—who unconsciously hold the chest inflated for long periods—several seconds—at the same time making a forced effort of expiration against the closed glottis which acts as a sphincter.⁹ So far as my experience goes, men with this peculiarity show a large share of obstinacy in their composition.

I may also draw attention to an association, not to be found until after early infancy, between respiration and defecation. In very young infants defecation is effected exclusively by peristalsis of the bowel and relaxation of the anal sphincter (as in some animals, *e.g.*, the horse); whereas later in infancy the powerful coöperation is obtained of the respiratory muscles, both inspiratory and expiratory, and especially the diaphragm.

⁸ That the respiratory function, when interfered with, becomes a source of anxiety-feeling suggests that the other "vital" function, namely the cardiac, may, in similar circumstances, play a similar rôle; and it is of course well known that anxiety is a symptom of cardiac failure, and especially is seen in the "angor animi" of angina pectoris.

⁹ The question suggests itself whether an etiological relation exists between this habit, which necessarily increases the intra-alveolar pressure, and the development of (organic) pulmonary emphysema; this must be a matter for consideration when the prevalence of the habit has become generally recognized and its effects studied.

Even apart from this association, the obvious parallels, physical and psychical, between the two functions suggest that the respiratory zone (which, be it noted, plays an excretory as well as a nutritive rôle) may influence character-formation in a way comparable to that of the anal zone to which reference will be made later.

II. THEORETICAL

Each of these zones, under the influence of its proper stimulus, produces (a) feelings of pleasure, and (b) muscular effects. Simultaneously, the excitability of the zone falls to zero, gradually to rise again until the next stimulation once more discharges the accumulated excitability with the same results as before.

But if, towards the height of the period of excitability, the stimulus is not forthcoming, the now oversensitive zone becomes the seat of sensations which are no longer pleasurable, and may be even painful, the resulting feeling being best described as one of tension. The appropriate stimulus will now produce pleasurable feelings of greater intensity than before, the tension is relieved, and the excitability of the zone sinks to zero.

The conception emerging from the foregoing is that of a form of energy or force accumulating within the zone as the outcome of its physiological activity, and retained there in a state of increasing tension, the relief of which produces pleasurable feelings, and the energy set free is discharged as muscular work.

Once the tension has been successfully relieved, an impression or memory of the event remains in the psychic life. When next the tension recurs, this memory, under the stimulus of the fresh tension, is revived, with the result that the now familiar stimulus is sought, and the energy is discharged along the same motor channel as before.

It has just been said that these first memories revive under the stimulus of further tension, *i.e.*, some portion of the energy under tension escapes to activate the memory. But there is yet another direction in which these excitations find utilization. Once the tension rises above a certain height, sleep is put an end to. How then are the conditions of sleep to be expressed in relation to psychic excitation? Before answering this question we must allow ourselves a short digression.

In addition to the association which has already been recognized to exist, both before and after birth, between sleep and physical well-being, there are grounds for assuming that, like the nutri-excretal zones previously described, internal bodily organs utilize and accu-

multate stores of energy in the course of their normal physiological activity and growth. From what source other than the indirect one of the placenta, is this obtained? The question is the more readily answered inasmuch as most of the viscera are as yet in abeyance (the brain, cerebellum, special senses, sensory and motor nerves, voluntary muscles, respiratory, alimentary and genital organs). Of the remainder (the ductless glands—thyroid, adrenals, pituitary, liver,—the circulatory, lymphatic and blood-forming organs, sympathetic nerves and ganglia, sub-brain and spinal cord) the endocrine glands would appear to be the source of this “somatic” energy. Not only is their importance attested by their relatively large size in foetal life, but we have the mass of evidence brought forward by Crile,¹⁰ that the adrenals, thyroid and liver, together with the brain and muscles, constitute a “kinetic” system evolved to transform potential energy into heat and motion. But since the functions of the brain and muscles are dormant before birth, this system reduces itself to the three above-named glands; and clinical and experimental evidence abounds that it is precisely the ductless glands which between them control the supply of energy in the service of the growth.¹¹

Moreover, the experimental work of Cannon,¹² with reference to the emotions proves that the ductless glands are very intimately connected with the production of intense emotional states. He shows that the visceral changes accompanying, *e.g.*, fear are the result of discharges of energy along the sympathetic division of the autonomic nervous system.

On the assumption that the ductless glands are functionally unaltered by the process of birth, they take their place as the source of energy within the developing organism. This energy is distributed in two forms (though probably one essentially) (1) as chemical secretions (adrenin, colloid, etc.) which circulate in the blood-vessels and find their utilization in the processes of growth, visceral and muscular activity, etc., (2) as nervous energy, which, traversing the sympathetic neurones, is to be identified as emotion;

¹⁰ *The Origin and Nature of the Emotions*, by G. W. Crile, M.D., 1915.

¹¹ I have earlier attempted to bring anxiety of respiratory origin and anxiety of cardiac origin into relation with the better known anxiety of sexual origin. It may now be pointed out that the anxiety of exophthalmic goitre equally represents a surplus and overflow of (somatic) energy which shows itself as psychic excitation.

¹² *Bodily Changes in Pain, Hunger, Fear and Rage*, by Walter B. Cannon, New York, 1915.

this latter form produces visceral effects which are the bodily manifestations of emotion.¹³ It is this latter form of energy which is the particular study of psychology.

So long as the development *in utero* proceeds along normal lines, no disturbance of visceral function will occur, and equally no disturbance of emotion. Every organ receives and provides its due, and neither brain nor nutri-excretal zones have become active. Under these conditions the only possible emotional state is the negative, or, rather, passive one of perfect contentment. It implies an absence of all unsatisfied needs, and is, presumably, perfect happiness.¹⁴

This state may be termed the "vegetive state," and its affective concomitant "*vegetive emotion*."¹⁵ On the other hand, any disturbance of bodily function, now or later, leading to an accumulation and overflow of somatic energy along sympathetic neurons, produces a positive emotional state akin to fear, which is the primary, active emotion.

The vegetive state is incompatible with muscular or intellectual effort, from which it will be seen that these phenomena are the expression of unsatisfied needs, and that the excitation represented by them can come only from a bodily source where the discharge in other directions is inadequate. Indeed the whole course of ontogenetic evolution shows how all higher functions, normal or morbid, are activated by energy derived from lower functions, which, for want of adequate gratification, remain in possession of a surplus of undischarged energy. Activity and enterprise, therefore, imply dissatisfaction—an axiom as true of individuals as of nations.

Returning now to the question of the conditions of sleep. Sleep in the earliest period of life is the expression of a complete utilization of somatic energy by the bodily organs, no surplus accumulating to overflow along nerve channels or to force escape by way of muscular action. But after birth, when a surplus is bound to accumu-

¹³ Once bodily growth is complete, or nearing completion, the demand from this direction for a continued supply of energy ceases. The surplus is then diverted in a new direction, namely to activate the sexual glands, so making ready for the transmission of energy to a new organism.

¹⁴ A state attained *par excellence* in adult life on occasions of satisfied love, when, it may be added, the contented adult turns naturally to sleep, the state of mind most nearly approximating to that which characterized his fetal life, when, too, all his wants were supplied.

¹⁵ For want of a word in current English that has this special application, I avail myself of an adjective which has long fallen out of use and may therefore be appropriated without offence.

late from time to time, especially in connection with the nutritive excretal zones, sleep is replaced by waking—an activation depending on the deflection of energy from elsewhere. This conception needs elaborating.

We recall how in the case of a young infant confronted by the circumstances of an independent existence, the *primæ viæ* can readily become the instrument for replacing sleep by waking—energy under tension in the sensitive membrane overflowing and leading to the rousing of the child; while with the relief of this tension sleep recurs. These zones are to be identified as the sources of the excitations which first activate the hitherto dormant mind and provide the infant with the first experiences which deserve to be called mental. Regarded anatomically, this phenomenon indicates the first functioning of the peripheral and central nervous axes, and identifies the brain, not as the *primum mobile* of the body, but as the servant, dependent and bondsman of the peripheral senses.¹⁶ From this it follows that intelligence is to be primarily measured in terms not of brain but of peripheral nerve-endings.

But not only does the psyche receive its earliest and therefore deepest impressions from these sources, but, as we have seen, it possesses from the first the faculty of retaining a memory-trace of each impression. It is functionally therefore a depository of past experiences. Moreover, a memory may become energized and revived at any later time under the stimulus of the same tension as before, the overflow excitations not only making a further impression, but reviving the original memory, with the result that the energy proceeding from the recurrent tension no longer escapes through the entire musculature but is now directed into the appropriate motor channels which previously brought relief.¹⁷

But while memories can be activated by excitement proceeding from a zonal area, evidence is soon forthcoming in every infant that these psychic structures have established relations with the somatic excitations. Thus a baby was circumcised by a doctor without an anesthetic; forthwith and for many weeks it showed intense excitement (fear) whenever a man approached it—i.e., the memory-

¹⁶ Just as this overflow of excitation puts an end to prenatal sleep, so in anxiety neurosis in adults a similar overflow is responsible for one of the leading symptoms of the disorder, namely, insomnia.

¹⁷ We recognize here the "conversion" of feeling-energy (emotion) into motor-energy—a mechanism of great significance later in life in normal behavior and in the development of many neurotic symptoms (tics, hysterical spasms, etc.).

trace, as soon as it was revived, provoked a return of the original somatic excitement. Again, the emotional disturbance of a hungry infant is often allayed, temporarily, by the mere approach of its mother; from which it would seem that the emotion had revived the memory-image of the mother, even in her absence, and she was at once identified with this.

A memory, therefore, may be revived by an excitation from either of two directions—a nutri-excretal zone or a somatic source. Similarly, a revived memory may provoke somatic excitement, or (though for proof of this we necessarily must go to older subjects) peripherally projected sensations of zonal tension (Freud).

At this point it will be useful to emphasize certain points which have presented themselves. We recognize three distinct stages in the early development of the infant mind.

1. A *vegetive stage*, contemporary with intrauterine life, when all bodily functions are adequately supplied with no effort on the part of the organism. The distribution of energy by the circulatory and autonomic nervous systems is under endocrinic control. Psychic life has not begun and is represented only by dreamless sleep. The affective state is "vegetive" emotion; any change in this could be brought about only by organic disturbance leading to energetic tension which, as "internal" excitation of the autonomic system, becomes the primary, somatic, emotional state of fear.

2. A *nutri-excretal stage* when the bodily needs can be supplied, in a more or less successful attempt to perpetuate the first stage, only with the help of novel nutritive and excretory functions. The sensitive zones corresponding to these become the seat of "peripheral" excitations which activate the psyche and impress on it the first memory-traces, replace sleep by waking, motor inaction by motor activity, and vegetive emotion by fear. Further, the nutri-excretal apparatus establishes reciprocal relations with the vegetive apparatus, each being responsive to the excitations of the other. Memory-traces can be activated from either direction, somatic or nutri-excretal, and this excitation may then be projected in the other direction—"peripheral" (nutri-excretal) projection and internal (somatic) projection.

3. In the third stage the four zones retain their psychical pre-eminence and to them is added another, though less important source of peripheral excitation, namely, the skin over its whole extent.¹⁸

¹⁸ This new source plays its full part only later; it will be more appropriately dealt with later.

The distinctive feature of this stage, is, however, connected with the special senses of sight and hearing which are responsive to "external" stimulation and permit of "external" projection—a mechanism so fateful in subsequent development.

This stage lies outside the title of my paper, but a few points must be referred to quite briefly.¹⁹ First with regard to the development of ideas of personality—the Ego-sense. It will be recalled how in the vegetive stage with every want supplied, no wish is unfulfilled, no feelings remain ungratified, and somatic excitement is concerned with nothing but organic growth. With the advent of the second period the earliest memories are derived from the sensitive zones; they include nothing visual and auditory, but represent only impressions belonging to sensitive canals, and the infant can be conscious of nothing about itself apart from these sources.²⁰ Nevertheless this must be the first step towards realizing its individuality—a recognition forced on it by its elemental wants, its first desires, and its original experiences of tension. In other words, accompanying the descent from the position of omnipotence (all wants supplied) to the position of increasing dependence on external conditions, the sense of personality develops.

Looked at from another point of view, this is purchased only at a cost, namely, that of relinquishing the state of vegetive contentment and accepting in its place one of discontent, in which the psyche passes continuously through alternating series of painful states provoked by tension, and of pleasurable states dependent on the relief of this tension, and always in a vain attempt to regain and reestablish the original contentment—to escape not pain alone, but pain and pleasure alike in order to find the lost Nirvana. Pleasure in itself is not the primary motive, though it may well owe its pleasurable quality to the fact of its being the inevitable and last step towards the vegetive state. It is this state which, implying freedom from all external and peripheral interruptions, constitutes the ultimate aim. Deeper than the "pleasure principle" lies the "vegetive principle" or Nirvana principle; and this can function only as a great regressive tendency throughout life.

We may recognize this ultimate aim as coming to realization in

¹⁹ A further paper in which this stage is fully treated is due to appear in the *British Journal of Psychology*.

²⁰ The sum of the available somatic excitement is at the exclusive disposal of these few impressions—a circumstance accounting for the occurrence of the terrific emotional storms that are provoked in connection with the nutritive and excretory functions.

what is the most primitive neurotic disorder as well as the earliest error of psychical development—psychogenic epilepsy. In an attack of this nature, the psychical functions are all thrown out of gear, the bodily excitations are diverted in their entirety from the psyche and are discharged through the motor apparatus until in the post-epileptic unconsciousness the conditions of intrauterine life are restored as near as may be. Psychogenic epilepsy thus represents a deep and inveterate unwillingness to face the realities of life, even the most elemental, and serves as the fulfilment of that wish which, as was indicated earlier, must be the first wish of every newborn child.²¹

Short of this ultimate desire, the psychic life of a child is occupied by alternating periods of pain and pleasure according as tension in this part or that accumulates or is relieved. Always when relief can be obtained by the help of motor discharge this outlet is made use of. But on other occasions the relief may be sought by dreams and other wish-fulfilling structures. These latter have the advantage that they are necessarily pleasurable, while a real gratification implies effort, and this is unpleasant or even painful. It is accordingly only natural that the child psyche should turn by preference to the fantastic rather than to the real, and this all the more readily because several years must pass before the essential difference between fantasy and reality first dawns on the mind. The stages in its development cannot be here considered, but attention may usefully be drawn to the difficulty with which the change is effected. In very many cases the difficulty is never surmounted, with results which are to be recognized in the dreamers and visionaries of adult life, who, shrinking from facing and accepting the realities of life, seek the pleasures of the imagination and lack the practical qualities of the psychically normal man of action. Moreover, we shall find that this habit of clinging to the fanciful creations of the mind is directly at the root of many neurotic phenomena; in especial it is the direct cause of all hysterical symptoms. So fateful for the infant is this sacrifice of the unreal for the real

²¹ It is only necessary to watch an infant work itself into a fit to realize how completely this explanation meets the facts. As its annoyance grows into overpowering anger, it drops the rattle in its hand (renouncement of the pleasures of the world), turns from the mother or pushes the bottle from its lips (disavowal of alimentary wants), holds its breath until black in the face (repudiation of the lowliest function under its control) and finally becoming unconscious (return to vegetative state) wins the only haven that gives shelter from every vexation.

that the emotional basis of the process has received recognition in a special name—the “pleasure-pain principle.” This expresses the fundamental motive of seeking pleasure and avoiding pain and effort which constitutes the essence of the difficulty.

III. LOVE AND HATE

Let us now return to the emotional development which we left after recognizing the two primary affective states—vegetative emotion and fear.

In studying the emotional manifestations of very young infants it is difficult and not always possible to identify the particular emotion which is being displayed. Degrees of intensity are readily enough recognized, but for the time being detailed expressions of feeling such as later characterize the various emotions are not to be looked for, and the view put forward here is that the principle of the development of the simple into the complex, the less specialized into the more specialized, holds with regard to emotions as to other evolutionary phenomena, *i.e.*, that out of a primary active affective state develop the more specialized emotions.

This specialization whereby emotional energy becomes directed into special channels, is the outcome of differences of motive associated with successive emotional disturbances, and serves essentially to give expression to these motives. Not until an infant has gained at any rate a short experience of extrauterine life can its feelings become linked with motives which aim at the relief of the physical states provoking the feelings. But once this stage has been reached special expressions of feeling which are specific for the associated motive will be displayed.

Following these lines, the two emotions first to find special expression are love and hate.²² The relation between these and fear will be more readily seen when we come to discuss anxiety and irritability, and for the present we may concern ourselves in seeking out the earliest manifestations of love and hate.

No one, I suppose, who is familiar with infants will maintain that a newborn child brings with it any affection for its mother, whom indeed it does not know and does not learn to know for several weeks. And yet before long the mother comes to be the chief

²² Jealousy (= love + fear) is a much later development, as is anxiety (= love + fear) or irritability (= love + hate), while of course the finer or more complex shades of feeling appear later still; no infant could evince, for example, veneration, chagrin, guiltiness, etc.

object of her child's love. But equally its affections may be bestowed vicariously on a nurse. From this it appears that its affections are won, not by the mother *quâ* mother, but in return for the maternal functions she performs. And of these the chief and type is suckling. The infant comes to love its mother insofar as the latter relieves its hunger.

Affection, or love, then, is the feeling bestowed on an object which can satisfy a bodily want—that is, which gratifies desire, relieves tension. But as it is against all probability that feelings of love are first called into existence only after an infant has learned to know its mother, we must seek to identify the earlier objects on which these feelings are bestowed. Love of the mother can be nothing but a transference of love of the mother's nipple and its stream of warm milk pleasurably stimulating the oral zone.

It is equally plain that not all an infant's affections will be concentrated on the peripheral object stimulating this zone, for similar conditions obtain in the other nutri-excretal areas. These are in a position to obtain a corresponding hold on the affections. The original objects between which an infant's love is distributed are then milk, urine, feces, breath. Herein we detect a potential source of grave psychical anomaly. For according as one or other of these objects happens to receive more than its usual share of affection, the future psychical development will be modified even profoundly. Thus an infant which comes to love milk best, transfers this affection in due course to the mother and becomes throughout its childhood, adolescence and perhaps, adult life, most deeply influenced by the mother and all she stands for; while another infant whose love goes to, *e.g.*, feces, is relatively little influenced by the mother to whom therefore it appears difficult and perverse. In truly a literal sense, feces, and in lesser degree, urine and breath are the outstanding rivals of a mother and the influences that gather behind her; and experience shows that children in whose emotional life the associated zones come to fill too large a share are the most difficult to train and present the most serious anomalies of temperament in adult life.²³

²³ In one such case, the mother, finding her child growing unresponsive, redoubled her efforts to stir its affection; but, failing, let her own affection turn more and more to her second child. Later, she became hostile to the elder and finally had it sent away. These changes in her feelings are precisely what might occur in a woman who is losing her lover to a rival. In the former case, though no psychologist, she appeared unconsciously to recognize the influence of a rival in her child's love.

At this point it is necessary to draw an important distinction between these primitive love-objects. Milk is an object external to the child; it is not always available as soon as it is needed, and it is forthcoming only with the coöperation of factors which are outside the infant. As a love-object, therefore, it secures the direction of the infant's affection to conditions external to itself. This "extroversion" of love gradually leads the child to take more and more interest (through the mother) in the outer world, and makes it emotionally responsive to external impressions; such a child is said to be affectionate or even sensitive.

In the case of feces, on the other hand (the same applies to urine) the love-object is internal, and is forthcoming without the intervention of any outside factor. It serves therefore to direct and attach the child's affection to conditions within itself—to "introvert" the affection.²⁴ In these circumstances a child is able to take less than usual interest in objects around; it is preoccupied with its excretory functions, and is emotionally unresponsive to maternal and other influences outside it. It cannot be readily brought under (external) control, and, looking for its chief pleasure to an object coming from within itself, resists attempts in this direction (obstinacy). No longer sufficiently dependent on its environment it fails to develop a proper sense of its relations to the outer world, and its ideas of personality—its ego-sense—suffer in consequence.

Here we seem to be on ground made familiar to us by early cases of dementia præcox (paraphrenia). In this disease the earliest symptoms may be recognizable in children two years old, and traced in their history even earlier; the characteristic symptoms are extreme introversion with consequent failure of emotional reaction to the environment, insensibility to external influences including that of the mother, difficulty of control generally, and negativism.²⁵ Inasmuch as the factors producing dementia præcox may be opera-

²⁴ Extroversion as a function of the mouth-zone reminds us that the special senses of sight and hearing (not to mention taste and smell) are anatomically grouped round this zone and are physiologically in its service; psychologically, as the two organs of external projection, they are responsible for carrying the development of extroversion to its highest cultural level. On the other hand, the anal zone, with its function of introversion, can have no biological need of any special sense to put it in touch with the outer world, and, of course, has developed none.

²⁵ The state in which external suggestions are resisted or even provoke contrary actions.

tive within the first year or two of life and the outstanding feature of the disorder is introversion, it is necessary to look for the chief primitive love-object elsewhere than in the mother's milk; and the striking way in which the otherwise complete detachment of such a child may be quickly replaced by absorbed interest, even by tense excitement, at the sight of bath-taps, waste-pipes, water-closet plugs and other products of the plumber's skill points significantly to one (or both) of the excretions as the love-object.²⁶

It would lead us too far ahead in our subject to discuss the application of the foregoing to the problems of dementia præcox and its relation to dementia paranoides, paranoia, and the larger subject of anal erotism and homosexuality, though it may be observed that the developmental connection between paranoia and anal erotism and homosexuality has been fully traced by Freud.²⁷ It will be enough at present to recognize that chronologically and from the point of view of ontogenic evolution, dementia præcox appears next after psychogenic epilepsy in the line of developmental abnormalities which can befall the infantile psyche. If epilepsy indicates a faulty transition from the vegetive to the nutri-excretal stage, dementia præcox represents a failure in passing from the nutri-excretal stage to the stage of external projection.²⁸

²⁶ In one case of dementia præcox, a boy of six, which I kept under daily observation for several weeks, I failed to establish any kind of control, other than physical. But he would instantly become obedient at the promise of being allowed to pull the plug in an adjoining lavatory. And no matter how long he was permitted to occupy himself in this way his interest never flagged, and he always had to be removed by physical force. His customary daily greeting to me took the conditional form, "Frank good boy to-day, Frank pull plug to-day."

²⁷ Psychoanalytische Bemerkungen über einen autobiographischen beschriebenen Fall von Paranoia (Dementia paranoides). See also *PSYCHOANALYTIC REVIEW*, Vols. I and II, 1913-1915.

²⁸ A failure which, by giving thus early undue importance to the anal zone at the expense of the oral zone, can only lead to profound anomalies of subsequent development, the normal always representing a predominant oral zone with a subordinate anal zone contributing its special characters. Seeing that the contributions from these zones may be in any relative proportion (from a maximum of oral characters and a minimum of anal, to a maximum of anal and a minimum of oral), a gradation of sum effects is to be expected in different personalities. Such a gradation (starting from a maximum of anal characters) would seem to be recognizable in the series—dementia præcox, dementia paranoides, paranoia, unconscious homosexuality, conscious homosexuality.

Hate

While love is the feeling bestowed on any object which relieves tension and later on any object from which this relief comes to be expected, occasions arise when the love-object is not forthcoming. At these times, and especially when the tension mounts to pain, the feelings of love, deprived of the desired or expected outlet, are dammed back and, surging in another direction, produce the emotional state of anger; and this, so soon as the mind can identify an object as the cause of the injury, is projected as hate on to the aggrieving party.²⁹ Hate, therefore, implies pre-existing desire, the expected gratification of which is frustrated. It indicates disappointed love and goes to that object which can but does not relieve tension. The relation between love and hate is of the closest; they are inter-convertible (ambivalency), two manifestations of the same psychic energy, and the intensity of the love-need is the measure of the reaction of anger.³⁰

If we seek the original objects of an infant's hate, observation of the occurrence of anger will direct us plainly enough to our end. An infant from whom needed food is withheld will manifest signs of annoyance or anger. Here, as with love, the object of the hate is the mother or, earlier still, the mother's breast. But no less obviously a display of anger will arise in connection with a difficult (*i.e.*, painful) motion; and, much less frequently, with obstructed urination (as from a tight foreskin.)³¹ The primal hate-objects are the primal love-objects, the child passing readily from the one emotional state to the other according as its desires are gratified or not. But inasmuch as obstructed urination is not only uncommon but cannot persist for long without endangering life, and deprivation of breath is, of course, fatal, the mouth and bowel come to stand in closest association with hate in the infant's experience.

²⁹ An angry child who is unable to identify the source of its anger, will vent its feelings on any (unoffending) object nearby. Only rather older children will be struck by the irrational nature of this behavior. Thus a child of six years clambering alone among rocks, slipped and twisted his foot. On returning he asked for an explanation why, when he felt the hurt, he experienced a strong desire to strike his father (at the time some distance away) and would certainly have done so had he been within reach.

³⁰ These relations hold throughout life—a fact of great practical value to the psychologist in dealing with the hate manifestations of an adult. Here, as in an infant, hate covers underlying love.

³¹ The remarks now to be made about defecation may be taken as applying to urination, though in a less significant degree.

As has been pointed out, a characteristic of anger at this age is its purposelessness: however intense it may be, it is not directed to any definite end, since the source of provocation is not recognized; its energy is expended in a generalized motor discharge. This applies equally to both oral and anal zones. Only later, is it motivated and projected on to the object of desire.

But there is an essential difference as between the two zones. In sucking, as Freud has pointed out, the aim is to incorporate the love-object in self. Later expressions of this aim (*oral love*) are to play with (or bite) the nipple in the mouth (every mother who has suckled a child knows this demonstration of affection), to kiss, to caress, to embrace. In all these, the emotional excitation is utilized in muscular actions which are designed to retain the love-object.³²

In defecation, on the other hand, the motive is to get rid of, to expel, the love-object from self (*anal love*). This allows of no other expression than to facilitate the passage of feces by relaxing the sphincter—to yield to even the gentlest peristalsis. This aim is not obscured in the habit of playing with feces so that they advance and recede in the anal canal,³³ or in forms of constipation in which nothing enters the canal. Its later expressions are seen in the pleasure and interest taken by children in their excrement; while a conclusive proof that feces are a love-object is furnished by the common practice of eating them (*coprophagia*), *i.e.*, of treating them as milk, as the mother.³⁴

In the case of hate, oral and anal, the contrast between these motives—to incorporate in self, to expel from self—remains. An infant grows angry when food is not forthcoming, or when feces cannot be expelled. In the former instance—when, *e.g.*, the breast is empty—it thrusts out the nipple, averts its mouth and, at a later age, may strike the breast or the mother; here the motive “to incorporate in self” is replaced by its negative motive “to get rid of” the love-object. Similarly, when defecation is painful—as from hard motion or a fissure in ano—the sphincter contracts to drive back the feces into the bowel; the motive is to retain the love-object.

³² In later years this aim attains its final expression in the psychical process of “identification.”

³³ Compare biting and playing with the nipple.

³⁴ In adults an analogous confusion of functions and aims (to retain, to expel) is seen in homosexual relations, and this may be the original determinant of the “unnaturalness” of homosexuality.

Oral love and anal love being associated with opposite motives, their effects on character-formation will be very dissimilar; and this holds good of oral hate and anal hate which are equally contrasted. Some of these distinctions may now be mentioned.

Oral love, with its impulse to eat, bite, embrace, finds outlet in active expressions of feeling which seeks to master the love-object.

Anal love, in which the voluntary sphincter relaxes at the pressure of involuntary peristalsis, develops into the more passive, submissive characters which are satisfied in yielding to the love-object.

Oral hate impels the removal (death) of the object. Its occurrence in response to disappointment in relieving hunger has already been referred to.

Another situation is that in which hunger has been completely assuaged, and yet more food is ingested. This commonly leads to vomiting. Indeed young infants vomit readily on slight provocation—to be merely “upset” is enough. In view of the effects on character-formation of the other physiological functions of nutrition and excretion it cannot be supposed that vomiting can fail to make an important contribution in the same direction. The act originally expresses the wish to rid the stomach of its contents, and is associated with feelings of over-repletion. Later, these feelings are provoked by the prospect of food which is not wanted being taken into the stomach, the infant turning its head (*i.e.*, its mouth) away—feelings of aversion. Later still, similar feelings are induced by the mere sight (or smell) of a substance which, originally eaten with pleasure, is now objected to on ethical or cultural grounds; it is reacted to by feelings of disgust (*lit.*, bad tasting, distaste) or loathing. With most children feces take the leading part in provoking disgust. Finally, disgust is roused by thoughts or actions which conflict with cultural standards. It is significant that throughout life disgust induces retching or even vomiting, plainly revealing the infantile wish to expel the stomach contents.

It might be added that although disgust has long been recognized as one of the most powerful forces moulding character for good or ill, from later childhood and especially from adolescence onwards, its infantile roots have remained obscure. And yet to assume that it arises as it were *de novo*, with no antecedents traceable through the earliest years of childhood, is to be in open conflict with all that is known of the processes of child-psychology. The explanation given above removes this difficulty and, incidentally, recognizes the

everyday vomiting of infants when they are upset as the simple and outspoken expression of their disgust.

Anal hate, which carries with it the wish to retain, is expressed originally as we have seen by holding back feces, refusing to part with them. This is effected by the voluntary contraction of the sphincter opposing the involuntary peristalsis of the bowel. But this latter is a powerful, even violent force continuing for long periods together. It can be withstood only by a voluntary effort even more powerful and more sustained. The frequent exercise of this control can result only in a strong, unyielding will. In this way anal hate makes its contribution to infantile character in the form of obstinacy.³⁵

It will be remarked that the sphincter control of peristalsis represents the nutri-excretal apparatus establishing ascendancy over the vegetive apparatus, excitations of the one holding in check excitations of the other (resistance). Volition (will-power) is thus recognized as a form of nutri-excretal excitation, more particularly excitation of the anal zone directed to the sphincter ani; urethral and respiratory excitations are additional sources, secondary in importance and acting through the sphincter of the bladder and the glottis.³⁶

Yet another point. Strength of will developed in opposition to the bowel (anal hate), and weak will from concurrent action with it (anal love) remain in adult life as obstinacy and suggestibility; that is to say, the nutri-excretal apparatus reacts to the forces of another personality, and of nature, precisely as it first responded to its own vegetive forces.

This conclusion with respect to the sphincter and bowel may be applied more generally, *i.e.*, that the child in its reactions (behavior) to external influences, reproduces the infantile reactions of the nutri-excretal zones to the vegetive force associated with each, namely, peristalsis of stomach, bowel, bladder. Here in these earliest experiences must lie the ultimate analysis of character. From the practical standpoint of early child-rearing, nothing can be of greater moment than this.³⁷

³⁵ The holding back of breath and urine are the other sources of obstinacy (see above). The word "obstinate" comes from *obstare* = to stand before = to oppose, through its lengthened form, *obstinare* = to persist in.

³⁶ Compare firm, compressed lips as denoting a strong, adult character.

³⁷ Thus psychology finds its way to a conclusion long since reached in the nursery-lore of mothers who are accustomed to give chief care to the functions of food and excretion, well knowing that this way alone makes a happy baby.

Either obstinacy or suggestibility is found commonly enough in adult personalities, but the ambivalent relation which has been traced between them implies that the two characters should exist side by side in the same personality; and, of course, obstinate people are often very weak, and weak people are notoriously obstinate.

Finally, extreme flexibility of will implies unconditional obedience to external suggestion. The conjunction of the two characters in their extreme form in one personality represents the fullest possible expression of anal love and hate—in a sense it is the highest level attainable on anal lines. And this is precisely the association of the states of catalepsy and catatonia which are characteristic of dementia præcox. Indeed it may even be that in their verbigerations and stereotypies patients suffering from this disease reproduce with pitiful fidelity the recurring, monotonous, persistent effort with which they first contended with their large bowel.³⁸

The Primary Relation between Pain and Pleasure in Nutri-excretal Zones. Masochism and Sadism.—It remains to examine the associations with pain established by the nutri-excretal zones.

In the case of the oral zone the act of sucking and the passage of liquid food through the mouth must in health be wholly pleasurable—a condition which applies equally to the bladder and respiratory zones. But in the anal zone feces—solid and, may be, hard—stretch and even tear the canal, and the pleasure of defecation becomes alloyed with pain which in constipation and especially with a small fissure, may be intense.

The simultaneous experience of both pleasure and pain confers a pleasurable tone on the latter, which becomes itself enjoyable. A child may soon recognize this fact and later discover that both pain and pleasure are enhanced the more constipated the motion. It is but one step further to utilize the voluntary control of the sphincter to hold back a motion for a day or two until it is sufficiently constipated to produce a maximum of pleasure combined with painful sensations.³⁹ This practice affords a child its first experience of

³⁸ I have had occasion to note a mild degree of verbigeration—repeating once or twice a few words, usually the beginnings of sentences—in obsessional neurosis, in which, of course, obstinacy plays a large part.

³⁹ This practice is widespread among children and is one, if not the commonest cause of chronic constipation. A boy of seven years who readily admitted the habit added that, to placate his mother who never failed to see that he paid a daily visit to the closet, he would shut himself in for an adequate time, but only every third or fourth day make any attempt to relieve his bowel.

finding pleasure by inflicting pain on its own body. It is the beginning of the "masochistic tendency." Later, the practice may be extended to include the voluntary withholding of flatus until the painful distension of the bowel can be pleasurably relieved by rapid deflation. An additional root of the masochistic tendency is the urethral zone where the sphincter may be voluntarily used to hold back urine until the bladder is over-distended. The self-inflicted pain is more than compensated by the enhanced pleasure of relief.⁴⁰

A much later (and therefore less important) root is the skin, as shown by children biting (hitting) their toes, hands, arms, head, etc. (especially before these are recognized as parts of themselves), while children and adults alike know the combined pain and pleasure of scratching an insect-bite. Nevertheless, even in adult life the anal zone retains its leading masochistic rôle, as every patient with pruritus ani could affirm.

Masochism belongs to the nutri-excretal stage; in the third stage it is projected externally as "sadism" (pleasure in inflicting pain on another). An intermediate step is that mentioned above—biting (hitting) one's body at an age before it is recognized as one's own.

⁴⁰ The masochistic importance of the bladder is proportionately greater where urination is obstructed by paraphimosis, or is painful on account of balanitis, vulvo-urethritis, circumcision, etc.

A PSYCHOANALYTIC STUDY OF MANIC DEPRESSIVE PSYCHOSES

BY LUCILE DOOLEY

(Continued from page 72)

She mistook the identity of everyone about her, taking them for members of her family in Germany or else for distinguished people. She owned the British Isles and a considerable part of the world. She saw moving pictures on her walls constantly and was herself a "high class moving picture actress." She heard the voices of relatives who were dead and so thought the dead must have arisen. She thought that she was taking an important part in international affairs and pretended to write in seventeen languages, writing criss cross of the paper to represent Chinese. She was busied with trying to prove that the King of England and not the Kaiser caused the war. She pondered over the stories of German atrocities, did not believe them, and made fun of them by pointing to nurses and those around her and saying with a sarcastic laugh "Oh yes, you are a poor little crucified Christian, aren't you?" These atrocities became identified with her own bad conduct in wishing to leave her home. She was haunted by evil spirits. She was a traitor or rather was possessed by the spirit of a traitor, whom she often called Iscariot.

She had an hallucination of Christ on the cross with a blue loin cloth. Blue, she later told, in the course of analysis, was her favorite color. She thought she was wearing blue when she imagined that she had the child by rectum. In addition she said that her mother taught her that blue was the Virgin's color. Blue, then, signifies the holy, or sexless way of having a child which rectal delivery also signifies. She heard a voice say that she was the first one to have a baby from the back. The Christ on the cross dressed in blue signified the same desire for satisfaction of a fundamental instinct without surrender to the contamination of intercourse with a male. The perfect male is veiled in blue and is on the cross which has long been a phallic symbol. Her intense shame when she learned the truth about marriage and reproduction should be remembered.

Yet such a wish as is here expressed is only a partial wish and its

other side is a *repressed* wish for true sexual gratification. This was shown by her hallucination, oft repeated, of having intercourse with the handsome lodger, or with other strange men. At one time she thought she was back in her native village and all the men in the place were pursuing her. The ambivalent nature of this wish, due to conflict between desire and fear, made her react with anger to this hallucination. She once had a vision of a clown pursuing a girl as if to propose to her—this showing again her attitude toward the man-question. Another was of the Kaiser's hat with long plumes, too long for possible use.

An old lady on the ward, who was of masculine appearance, having a growth of hair on the chin, was taken for Cardinal Mercier and supposed to be the highest authority here. She hallucinated this old lady's voice telling her to do many extraordinary things. Analysis had gone on for two months, after subsidence of the psychosis, before she could be convinced that these were hallucinations. She thought the old lady stood outside her door and told her to tear up all her clothing and the bed clothing in order to free herself from confinement in the room. She accordingly did so and wove herself new dresses. She demanded her yellow dress and this one she did not tear, thinking it was perfect as it was. Yellow was the wedding color, the "saffron robe of Hymen." The old lady told her she must think back and recall all her old sweethearts and sing a song for each, so she often sang for days and nights. Then the sweethearts would come to make love to her. (The old lady was really a harmless senile quite incapable of conceiving the commands attributed to her.) She thought this old lady, as Cardinal Mercier, had married her to the lodger. This voice would tell her how to dress her hair, like that of an attractive acquaintance, and how to act so as to command attention and love. This old lady, supposed to be a man in woman's dress, was also identified with her uncle who was much more successful in a worldly way, than her father. This double personality represented an ideal parent with all the good qualities of the kindly priest as well as his power, and the worldly attributes of her uncle who was a major in the German army. This person was, moreover, both man and woman, a combined father and mother, and his or her voice had, like the voices of her parents in childhood, all the authority of the voice of God.

This patient had a rich and varied hallucinatory and delusional experience, of which less than a tenth part can be told here. Her ideas and actions expressed two main wish-trends, the trend toward

full sexual gratification which she had never achieved because of faulty physical and psychical development, and the trend toward gratification of social ambition, which her peasant childhood and poverty-stricken married life precluded. Day dreams of childhood and early adolescence were revived and re-lived as realities. The subjection to the parents was resumed in the subjection to "Cardinal Mercier." Many minor wishes of childhood such as proving herself as skillful a dressmaker as her aunt, came out in partially completed acts.

After about three months the excitement subsided and analysis was begun. Lack of education and limited acquaintance with English handicapped the patient, but she had an excellent native intelligence, much intellectual curiosity, and a friendly, receptive spirit. After the first month, when she was just beginning to gain insight, she was allowed to go home for a short visit. She soon became depressed there and had to return before her visit expired. The home surroundings brought back her dissatisfaction, which nevertheless did not get into consciousness as a dissatisfaction with her family life. Analysis was resumed, her depression disappeared under the influence of hospital life, and after another three weeks she was unwisely permitted to go home again, at the urgent request of her relatives, in order to prepare for and attend the confirmation of her little daughter. This time she was required to report to the analyst twice a week. The home influence was adverse to analysis, reinforcing her repressions so that little could be obtained from her in discussion. She became suddenly depressed and made a half-hearted attempt to hang herself but untied the rope when its pressure became too painful. She was returned at once to the hospital and analysis was taken up with more success than before. Her depression persisted for about a month, growing gradually less. Meantime her insight steadily increased and she finally saw that some adjustment to her sexual life must be made. Poor education made the intellectual sublimation that would have suited her needs unattainable. She has acquired a different and more wholesome attitude toward the need of sexual gratification and has changed somewhat in her attitude toward her husband. Her previous failure to experience satisfaction was partly his fault, as he was too quick (possibly there was *ejaculatio precox*), but they are trying to adjust this between them. She has now been home four months and at this writing it is impossible to say whether the seeming recovery will be lasting, but her mental condition is much better than it has been

since the trouble began nearly two years ago. Depression, excitement and depression had followed each other in quick succession, with no real insight between. She now understands herself better and that gives grounds for hope. Perhaps this case should not have been included since results are still so questionable, but it was chosen for the interest of the delusional content. The wishes which were so foreign to her conscious normal mind were so openly expressed, and her euphoric state of mind was so suggestive of the happiness resulting from such gratification that they seemed worth recording, especially as the patient has been more responsive in her attitude to analysis than most of the others.

Case 4.—This patient, a fairly well educated woman of forty-five, married, the mother of four children, was admitted to the hospital in December, 1916, suffering from her second manic attack. She was excited, talked rapidly and incoherently with rhymes and snatches of song, frequently losing the goal idea, danced and acted scenes in pantomime. She had had one manic attack at the age of seventeen in which she was cared for at home. The intervening years had been free from psychoses but she had always shown the manic-depressive character, *i.e.*, she was lively, voluble, circumstantial in her talk, and very energetic at times, and again had periods of lethargy when she neglected her work and lay abed reading fiction.

She had a very poor heredity. Tuberculosis has prevailed in both paternal and maternal families for four generations back, according to history given by the sister of the patient. Many individuals in both families have shown nervous instability and three psychoses are known to have occurred. An aunt suffered from periodic manic attacks beginning in early girlhood, in which she showed a press of activity preparing for a fancied approaching marriage. The patient's youngest brother had an ephebic psychosis which was apparently more of a precox nature than manic. The mother was descended from a line of physicians, married a physician and made a physician of her oldest son. The patient has had, therefore, a great interest in everything concerning medicine, physiology, etc.

The mother was a decidedly neurotic character, unsystematic and moody, somewhat seclusive, careless of her children's training. She suffered from cystitis, lack of sphincter control, hemorrhoids, tendency to nervous diarrhea and frequent spells of weakness and headache. The patient has acquired all these complaints and has

also, in middle life, become deaf from an inflammation of the Eustachian tubes, just as her mother did. She cherishes, moreover, the same tastes and taboos in food as her mother had. For instance, she cannot eat pork without getting severe indigestion and a facial acne. She states that her mother was the same and that the mother once was "made melancholy from eating pork." As a child the mother had enuresis, the patient had it also and all her children have it.

The older and only sister of the patient is lame from tuberculosis of the hip joint and was much petted as a child because of her invalidism. She received more attention than the patient also because she was considered brighter and prettier. Moreover she was the father's favorite. Jealousy of her sister, pretty well repressed from consciousness, caused the patient to devote herself to her mother in contrast to the partnership of father and sister, to encourage her own physical weakness and complaints in order to command as much consideration as her sister, to emphasize the physical weakness that corresponded to the mother's, and to adopt a belligerent and defiant attitude in childhood, allying herself with her brothers rather than with her sister. The sister's influence is thus seen to be even greater than that of the parent's in determining her neurotic character.

She was born just after her mother had had a long illness connected with the bladder. When about ten years old she too began to suffer attacks presumably due to cystitis. She was beginning to overcome her enuresis. Her father had told the mother to be careful of going upstairs and the little girl took the same advice to herself and was afraid of injury from climbing stairs. Nevertheless she was a tomboy and suffered various accidents in climbing trees and fences. She always got diarrhea from nervousness or excitement just like her mother and developed fantasies of an anal-erotic character. She suffers now from hemorrhoids and "prolapse of the rectum." Although she has a robust appearance and was a hoyden as a child she has a rather poorly coördinated neuro-muscular apparatus. She had so many falls in childhood that she was nicknamed "Tumbler." This trait has caused her much humiliation and has been responsible together with her belief that she was homely, for a fundamental shyness and awkwardness for which she has overcompensated later in life by a lively and even boisterous manner. She got into a great deal of mischief with the brother next her in age, and her frequent punishments gave her the idea that her parents were ashamed of her because she was so bad.

The neurotic traits of a mental character are no less striking than those classed as physical. As a child she was afraid of the dark, had night terrors, feared ghosts and animals. She tried to combat these fears by bold measures, would rise and touch the things that resembled ghosts, and would advance close to the steers in the nearby stockyards, which she greatly feared, and look them straight in the eyes. Her sister and brothers encouraged her in these courageous methods and some credit may be due to them for making her an extroverted rather than an introverted personality. Her two psychoses have been of an extroverted character. She had an unbridled imagination and could not distinguish her dreams from reality. She told her family fantastic tales which she felt sure represented actual happenings. One was that a drunken man lifted her up by her hair, "and it didn't hurt." These stories more frequently concerned attacks on her mother and sister by "drunken men with knives." She wanted to be a boy (contrast to sister) and played much out-of-doors in rough games with boys. Her devotion to her mother had a chivalrous tinge, and she would try to fight her father when he teased her mother. She felt more on a par with her mother than with her father and sister, who seemed so intellectually superior. Next to her mother she was devoted to her brother Henry. He died in his twenty-sixth year. She has a tendency still to contrast her husband with her brother, to the disadvantage of the husband.

Her sexual curiosity was early aroused and frequently stimulated. She was only five when some play between her brothers and neighbors' boys stimulated her. When she was nine a colored boy attempted an assault while another boy held down her head and shoulders. She fought so vigorously that the assault was prevented, but her clothes were soiled. She did not understand the significance of the act until later, then "forgot" all about it and never recalled it until the psychosis of 1916. When the patient was five years old the mother underwent some sort of operation on the bladder, perhaps a cystoscopy, in her own home at the hands of her husband and his assistant. The child was attracted by her cries of pain and opened the door to look in. She got a fairly comprehensive idea of proceedings before her father perceived her and hustled her out. She believes that this, more than the attempted assault of the colored boy, fixed her attention on her sexual organs, as the latter incident was not understood until years later. Although she "forgot" it she became very interested in sexual questions, and seduced her

youngest brother, age three (according to her sister's statement). The patient denies any seduction, only "innocent play" for which she was blamed, however. She was also caught at sexual play with neighbors' children. This play seems to have been in the nature of experiment. She heard from school children some things about marriage and pregnancy which she was sure could not be true. She went to her mother with a question and was told that she was too young to know about such things and that they would be explained to her at the proper time. She was not satisfied with this, and, at the suggestion of a schoolmate, sought the desired information in her father's medical books. She read much that she could not comprehend, and did not have all her puzzles cleared up until after marriage. She was both fascinated and horrified by what she read and on one occasion "fainted with horror" while looking at a picture of a monstrous birth in a work on obstetrics. As she was found lying with her head against the revolving bookcase in which the book was kept, it was thought that she had fallen against the bookcase and was unconscious as a result of the blow. She knew the case to be different, never told, but afterward showed traces of a complex about this bookcase. Just before the onset of the psychosis of 1916, her sister sold this bookcase. The patient had been very anxious to keep it in the family, ostensibly because it was a memento of her father. She valued it more than any other piece of furniture and quarreled with her sister over its loss. She felt faint not only in contemplating objects of sexual interest but also at the sight of her own blood, though not at the blood of others.

She became adolescent at the age of eleven, which precocity may account in part for her strong interest in matters of sex at so early an age, and for her parent's failure to appreciate her need of instruction. When her menses appeared she told her mother, who said "You know what it is." She said "Yes" but did not really know, and tried to piece together discrepant bits of information acquired from mother, teachers and friends.

She grew up a somewhat willful, undisciplined girl, irregular and self-indulgent in her habits, complaining frequently but seldom seriously ill. Her manners were free and unrestrained, giving rise to many conflicts with her sister, who disapproved of her ways. She left boarding school at sixteen, ostensibly because her eyes were troubling her, but her sister says "it was really homesickness." She could not adapt to the school routine. The summer after she was seventeen there occurred a manic outbreak more severe than

any she has had since. She had spent the winter and spring before alone with her mother in a house in the country into which they had just moved. (Her father died four years previous to this.) The place was secluded, the winter was unusually severe, and she suffered with loneliness and fear. The young men of the countryside who were rather rude in character used to come around the house at night, or stop and hoot at the gate to frighten her, because she was a "green city girl." Her mother was quite deaf, and delicate besides, and she felt unprotected. As summer came on she was frequently out alone after dark on errands, and her fear, both stimulated by and stimulating erotic imaginings, increased. She had much heavy housework to do at this time, and against such work she had always rebelled. She felt that it was breaking her down, she felt unable to bear the loneliness and monotony of life with her mother, who now required nursing, and she felt the pressure of the repressed feelings aroused by her fear of danger from the men around. Early in summer other members of the family came but her condition was not relieved. An accident occurred in which she was thrown from a wagon and her back slightly injured, following which her psychosis developed.

In this psychosis she showed her ambivalent complex about her mother, trying at once to torment and to help her, by disarranging and tearing things about the house, and showing a contradictory mixture of glee and regret when she hurt her mother. Her sister says that she threw her father's wedding ring out of the window while excited, but the patient declares that it fell out by accident when she was playing with it. She was kept at home during this attack. A man who was a friend of the family was staying there and she would go and knock at his door every night, on one occasion calling to him "I'm a little owl." She mistook his identity, thought he was married, that his wife had just been confined, and made her visits to his room in the hope of "seeing the baby." No amount of explaining could disabuse her of this. She showed great antagonism to her sister at this time, but with a homosexual love for her breaking through. She feels that she really loved her sister more than ever then. Once she struck her sister because "she came and peered at me in the dark and I thought she was an evil spirit". Again she tried to lie on her sister with the idea of curing her lame hip, as Elisha cured (or raised from the dead) the child in the Bible. Once she held up her hands until evening, like Moses, in order to get her favorite brother home safely from Pittsburgh. She

suffered from many compulsions, based, as she analyzes it now, on the fact that she had had to do that winter much that was disagreeable on her mother's compulsion, and that she had felt very rebellious. She had to eat everything that was brought her, even wormy cherries, and she loathed the worms. She had to hold a child in her lap till her brother returned, even though she was obliged to chase the child and hold it by force. Again she cut her hair into her supper, then ate food, hair and all. The fantasies and psychotic activities of the time show the reaction to the family situation and her erotic and homosexual conflict. This psychosis lasted nearly a year.

Difficulties gradually developing and increasing as a result of her marriage to an uncongenial man seem to be the psychologic factors most directly responsible for the second outbreak, occurring three years ago. Her husband's selfishness, stinginess and critical attitude toward herself, aggravated by difficulties with her English mother-in-law, whom she correctly blames for much of peculiarity in her husband's conduct, have created a small mountain of irritation, growing with the years, to which she gave full vent when her outbreak came, to the amazement of all the family. She had repressed it so long that no one had guessed her resentment. Sexual uncongeniality with her husband gave point and emphasis to all her other troubles with him. He always considered his own state of feeling, and never hers, in having intercourse, and being methodical in everything, was regular in this practice also. She was often disinclined, and would have liked some irregularity and surprise. She felt that a wife as well as a sweetheart should be wooed. Although she tried to please her husband she resented his lack of consideration and was often unsatisfied.

Disputes over the children, quarrel between husband and brother, overwork, and an especially severe strain due to a long siege of entertaining visitors, a family row, and an exhausting journey seem to have precipitated the attack of 1916 from which she did not fully recover for three years. It was not due to any single shock, but was a sudden outbreak after a long period of irritations to which she became less able to adapt as her situation increased in complexity. Old conflicts were revived, for example the one recalled by the quarrel with her sister over the revolving bookcase, and these colored her reaction to more serious conflicts. The chief motive apparent in her attack was resentment against her husband. She took a flight into activity with compensatory ideas. Her stream of talk

and activity is analyzed on the basis of the conflicts outlined above. Essentially egotistical and undisciplined, and subjected to a life of domestic difficulty, hard work and privation, for which her girlhood had poorly prepared her, a breakdown at some point is not surprising, especially as the mental and physical traits appearing in childhood show a poorly organized personality.

The excitement subsided after three months in this hospital and the patient was permitted to go home at the urgent request of her family. She received no psychoanalysis during her stay. From April, 1917, to March, 1919, she remained at home, well enough to care for the home, but showing alternate phases of lethargy and over-activity. She was never so stable as she had been before the attack and the physicians of the staff believed that she had not fully recovered.

In March, 1919, she was readmitted to the hospital suffering from an acute excitement. She was more pugnacious and irritable during this second stay and was in constant conflict with attendants and fellow patients. She showed less euphoria and more anger. In July an attempt at analysis was made.

As the patient is very deaf as a result of a middle ear infection occurring when she was about thirty, analysis was uphill work. She was extremely desirous of talking, was circumstantial and rambling, and was not easily interrupted or directed in her talk because of her deafness. She had the advantage of a mental catharsis since, for the first time, she had a listener, but she received very little direction or suggestion from the analyst and grasped very little of the true explanation of her conflicts. This was not due to her deafness alone and to her press of conversation, but also to her egotism and self will, which led her to resent the suggestions of another. An elementary book on the psychology of conflict was given her to read but her interest in it was diverted to its unorthodoxy so that she missed the fundamental principles. She is a strict Swedenborgian of the old school and believes that Swedenborg is unrivalled as a psychologist.

Nevertheless some benefit from the catharsis was to be observed. Much of her irritability subsided, she regulated her behavior according to the rules of the hospital, and while her talk and her letters showed the rambling tendency, her actual behavior showed no disorder.

Gradually her attitude toward her husband changed, she began to see his side of things and something of her own unreasonable-

ness. Symptoms of excitement disappeared and she showed a normal behavior. She was permitted to go home two months after analysis was started, not cured, but in a normal condition so far as superficial appearances were concerned. She might have been kept for further work but that the analyst was leaving the hospital at the time.

At home she had a period of mild depression, psychomotor rather than emotional, but by November was normal and better than she had been since the attack began in 1916. In July, 1920, an attack of excitement came on quite suddenly, following an action of her husband that she considered selfish and lacking in consideration for herself. She was again admitted to the hospital. Unless she becomes more accessible and docile in her attitude it is unlikely that a further attempt at analysis will succeed. The difficulty seems to be primarily characterological. She demands more in her family life than circumstances warrant, and in the hospital she shows a disposition to expect special privileges and special attention, and to dictate to nurses and physicians not only as to her own care but also as to the care of the other patients. When her excitement subsides, she controls this tendency but still believes in her superior judgment. If analysis could be carried on for a considerable period after convalescence begins, better results might be obtained, but circumstances have prevented this.

Case 5.—This case of a woman of forty is one of the anxiety form of the manic-depressive psychosis, somewhat resembling the involutional type, but occurring previous to the menopause. It shows clearly the influence of early life and of personality upon the mental formation of the psychosis.

This history points out with unusual emphasis the frequent unreliability of the histories given by patient's relatives. The tendency to smooth things over, to cover up family unpleasantnesses, and to shield other members of the family, results in the narration of a colorless, negative history from which no idea of the real predisposing factors can be gained. Only after the confidence of the patient is gained and when she is sufficiently convalescent to relate her own story are the significant facts brought out. It shows certainly that we should never be satisfied with an unconfirmed negative history.

The husband's story is that the home life was happy and the patient's youth passed in a normal course, with school till sixteen, then work which she enjoyed. Habits of parents and husband were

reported good, no conflicts, disappointments or upsets had occurred. As a matter of fact the father drank and made her childhood unhappy, she was sent out to work at thirteen, the husband was a periodic drinker and his conduct during his sprees was the main cause of the mental conflicts that resulted in the patient's psychosis, and she had had several periods of disturbance through which she was cared for at home.

The patient came of respectable tradespeople. The paternal grandfather died at sixty-nine of apoplexy. The maternal grandmother died of paralysis at sixty-five. The patient's father is alcoholic, is living, in good health, age seventy-one. One maternal aunt was insane.

The family life was made precarious and unhappy by the intemperate habits of the father and at one time the mother took her children with her and left him temporarily. The mother was a strong character, rather stern, undemonstrative and unsympathetic. The patient grew up in an atmosphere of fear of her father, although she was his favorite, that is, as she often says "he always gave me the prettiest shoes," and liked to have her in his company. He never caressed or fondled her, however. She felt that he was not so kind and careful of her as he might have been, even when sober, since he used to send her from market carrying a very heavy basket. She preferred her mother to him although her mother never showed her any special favor.

She was a delicate, nervous child. She had pertussis, scarlet fever, and measles before twelve, and diphtheria at thirteen, when she was desperately ill. After her recovery she was nervous, unnaturally talkative, and had chorea. A neighbor said she seemed to be "out of her head" at times.

Menses were established at fourteen, attended by considerable pain. In her extreme modesty she concealed her condition even from her mother for several months and received no instruction. She learned a little from her older sisters, however. She felt her inferiority to her sisters both mentally and physically, was shy and shrinking, and never trusted herself in dealing with practical affairs. In later life she always compared herself with them unfavorably when she felt that she had not dealt with a problem as competently as she might have. How much this attitude of hers was conditioned by her perception of their superior sex-knowledge is a matter for speculation. We know that in many children the sense of inferiority in this particular sort of secret knowledge is keen.

She was sent to work in a dry goods store when she was only thirteen. In the course of psychoanalysis she gave vent to her indignation at the injustice of thrusting her out so young although she naturally accepted the situation without protest at the time. The first day that she was in the store the employer's son spoke to her in a way she did not like. He asked her if she knew a certain girl, a former employee, whose reputation was not good, and said "She was good to me. Will you be good to me?" She was sure that this was meant in a bad sense and refused to speak to him any more. That night she went home and told her mother that nothing would induce her to return to the store. Her mother agreed to allow her to find a new place, and she had no more trouble, but has always felt grieved and puzzled over the incident. It played a part in later delusions as we shall see. Her fear, in her psychosis, that she was "trapped" or "had a spell on her," and her belief that this boy and his father had pursued her at other critical times in her life, are traceable to the conflicting emotions aroused by the boy's question. Her very incomplete knowledge of sexual things made her feel uncertain of his meaning, and very uncertain how to answer him. Her reaction to the incident was overweighted with fear and shame because of this uncertainty. The same emotional reaction occurred on her marriage day and on many subsequent occasions when sexual behavior was involved.

Her feeling of inferiority to her sisters was fostered further by some early mishaps. When she was holding an umbrella over her face and could not see where she was going she walked over the embankment into the river and was nearly drowned. Her foolishness in not looking ahead of her was impressed on her by her friends. She was lost in the city streets several times, a thing which never seemed to happen to her sisters.

On the other hand she was very ambitious and took life seriously from the start. When earning only \$1.25 a week she bought a set of furniture for the living room of her mother's home, paying a dollar a week on it and reserving only twenty-five cents for her own use. She spent very little on clothing or personal adornment, and nothing on pleasure, putting all her earnings into improvements and comforts for the home and luxuries for her mother. She reproaches her mother now for allowing this. As her grandfather was always kind to her and sometimes helped her with money, she puts him in her parent's place now as the truly beneficent influence in her life.

She went about with men as she grew up but was extremely

modest and circumspect in her conduct, and never cared in the least for any man until she met her husband, with whom she says she fell in love at first sight, but did not marry him until seven years after their first meeting. She was completely dominated by him, always, worshipping and fearing him. He was a drinker then, and his own family warned her against him. He promised her, however, that he would give up drink if she married him and she believed him. When marriage was finally agreed upon he urged her to hasten the date and to go away and have the wedding quietly, to which she consented, unwillingly, giving up her plans for a home wedding. She feels that this was her initial mistake, and that her married life would have been happier, and much trouble would have been avoided if she had had a will of her own at this crisis. She married with little knowledge of what it involved and she thought children were born from the navel. Married life was thus a shock to her. She never refused her husband except when she was ill, but she never enjoyed intercourse and she felt that she was anesthetic.

On the way home from the wedding the train was crowded and her husband could not sit beside her. The elderly man in the seat with her tried to start a conversation with her, making her very uneasy. The uneasiness was of the sort associated with the incident in her childhood when the boy spoke to her. She thought the man was trying to injure her reputation in some way. During the psychosis she imagined that he was the father of that boy and that the two followed her all her life with intent to "trap" her. Her husband left her for a few moments when on the train and when he returned his manner was changed. Going back to this incident in memory she suspected, when under pressure of conflict over his ill-treatment, that the man who returned was not her husband but someone who resembled him. This doubt of his identity persisted throughout her psychosis, as the product of the insoluble conflict between her love and hate for him. His changed manner brought her first misgiving.

One month after her marriage her husband came home to her violently intoxicated. She went to her father's for the night but returned to him the next day. This was her second great mistake. She thinks now that if she had left him, gone back to her work and never lived with him at all, she would have been reasonably comfortable and happy. "If I had stayed behind the counter" was an oft-repeated phrase. He was disappointed because they had no children and urged her to have a medical examination to ascertain the

cause. She consulted her sister, who advised the examination, and the result was that a dilatation of the cervix was performed. After this she gave birth to three children. She had a very hard labor and was very "nervous" and possibly mentally upset after her first confinement. When her first baby was a month or two old her husband again became savagely drunk and threatened to kill the baby and beat her. She escaped into the street with the baby in her arms, and without her shoes. A policeman stopped her and questioned her and saw her safely to the house of her father-in-law. She remained there two days and then yielded to the persuasions of her husband to return home with him. This, she believes, was her third great mistake. She should have refused to return, should have placed the child in a home until she was able to support it and should never have had any more children. Her husband's family who were always kind to her and took her side, advised this. She was devoted to her father-in-law, feeling that in him she had found a real father at last. He had warned her about marrying his son, telling her of his alcoholic propensities, but she had faith in her husband's promises to reform. Her father-in-law often protected her when her husband was intoxicated, coming to the house to stay.

The second child was born with less difficulty, but with the third she was extremely ill, having symptoms mildly resembling those of the present illness. She thinks she should have been put in a hospital at this time instead of being kept at home.

The home life was happy when the husband was not drinking, but he went on periodical sprees, during which his family lived a life of terror. The patient would go and sleep with the children at such times and they would all keep "as quiet as mice" in order not to waken the husband, for he was always angry and brutal when drunk. She went to her own home or to her father-in-law's home with the children more than once to escape his violence. He was always very jealous of her and when intoxicated would accuse her of unfaithfulness, for which there was no foundation. He was angry if he even found her talking with a grocer's clerk or delivery boy at the door or if she went to a neighbor's house in the evening.

When he was drinking he would force her to submit to oral erotic practices. She yielded through fear but she hated him for it and was intensely disgusted. A sense of unworthiness and guilt developed from this. She used to resolve never to submit to it again and never to have another child by him but would be forced to yield. She had six miscarriages but states that all but the last were acci-

dental. In January, 1916, her husband was intoxicated and subjected her to oral perversion. She was pregnant at the time and determined not to have the child. A neighbor told her how to induce an abortion and persuaded her that there was nothing wrong in it as there was no life present before the fourth month. When she was hesitating over the temptation her husband spoke very unkindly to her and in a moment of anger she induced the miscarriage. She was very ill, made a slow recovery, and became depressed, agitated, and delusional as a direct result of her remorse. In March, 1916, she had a curettage at a hospital in the city and her husband believes that opiates were given her. These may have been responsible for the inception of her delusions. The first symptoms noted, a few weeks after the operation, were suspicion, fear and fugue. She would call the children as soon as her husband had left the house in the morning and hurry them out of the house, sometimes taking them to visit her relatives and sometimes wandering about the streets with them. She had no definite fear at first but was simply uneasy and unwilling to stay in the house. She then had the obsession that a gypsy woman or a witch was hiding in the house. Then the fear of detectives and police developed; she thought she was watched. The gypsy represented her mother, who would condemn her for the abortion, yet who was herself to blame because she had not taught and protected her daughter properly. The detectives and police represented outraged authority, personified in her father, who had been cruel as often as kind.

The remorse for the misdeed, which she became convinced was equivalent to a murder, and her resentment against her husband, whom she had blindly worshipped, made her wish to get rid of the whole family situation. She began to fear that her husband and children would be killed, then to doubt the identity of husband, mother and sister, and later of children. Following this she feared that she herself was to be taken by "the Authorities" and killed. She thought her husband was going to marry a young girl next door, and that he was a police officer set to watch her. She destroyed all family photographs in the house to prevent his giving them to this girl. She made two attempts at suicide, the first by turning on the gas, and putting the end of the tube in her mouth, the second three days later, by strangling herself with a towel. She thought she heard footsteps moving about the house one night.

She was cared for in the Washington Asylum Hospital for two days and while there had an hallucinatory vision of a great globe

suspended from the ceiling, within which an angel and a devil were struggling for her soul. She also saw her fifteen-year-old son taking a drink of liquor, and her two little girls standing by weeping. She was taken home again from that hospital, cared for at home for two months, and then committed to St. Elizabeth's Hospital.

When admitted here July 3, 1916, she was apprehensive, fearful of the other patients, and begging constantly to go home and be with her children. She gradually became restless, thinking that the patients would all go out and leave her there alone. She walked up and down and bit her finger nails continuously. When given her clothes she refused them, saying they were not hers as hers had been taken from her at home. When her mother and sister came she was glad to see them and begged them to take her away, but after they had gone she said they were not her relatives but strangers. She gradually became better physically and gained in weight, but her anxiety continued. She was afraid of the hydrotherapy room in the basement and expressed the fear that she would be "taken down stairs and killed."

After two months she began to show improvement, became interested in assisting the nurses with work and formed friendships with some of the patients who had a good influence on her. She continued to walk the floor and speak of her apprehensions whenever unoccupied. She usually felt safe for the day but feared she would be taken away and killed on the morrow. She also doubted the identity of her husband and children and of her mother and sisters, and persisted in this at intervals for a year and a half.

Analysis was begun in April, 1917, at the patient's request. As she was of a simple and child-like mentality, unable to grasp abstractions, not much could be done in the way of showing her the full unconscious motivation of her fears and conflicts. As her powers of sublimation were limited, she could not make a complete recovery through analysis but had to have an alteration in the environment in order to make an adjustment to her affective conflict. She could not accept her husband as he was, nor could she give him up and stand alone, though she made an attempt to do so, after her analysis, and succeeded for a short time, by making a transference to her son. It did not last because the son was too immature, could give no satisfaction of a sexual sort, and her affection was too fully given to her husband. Prohibition laws in the District of Columbia, taking effect July 1, 1918, put an end to her husband's drunkenness. She was able to trust him then and to live with him again, and the last vestiges of her psychosis disappeared.

Psychoanalysis alleviated the situation, however, from the time it was started. It pointed out to her the nature of her conflict, and held the mirror up to her own self, showing her where her timidity, her sense of inferiority and her exaggerated self-regard, making her sensitive and diffident, had helped to create her painful situation. These traits were largely corrected; she became frank and open in her manner, made friends more readily, and lost her "touch-me-not" attitude.

The repressions operating since childhood to make her distrust herself and fear others, were partly removed. With this new freedom came confidence, strength to take responsibility, and cessation of hostile feelings toward her family, all except her husband. She no longer doubted the identity of her children, who had seemed too tall, or of her mother and sister, who had seemed too small. She had, in retreat from her family responsibilities, subconsciously put back the clock to an earlier time, had refused, in support of this attitude, to recognize well-grown children as hers, or elderly sisters and an aged mother, as hers. When her self-confidence was established she feared nothing except her husband's intemperance, consequently all delusions except the one concerning him and that which connected with the abortion (so closely bound up with her anger against him) disappeared.

The transference to the psychoanalyst played, in this case, an important part, being of more service than the enlightening process of analysis of the unconscious. To the analyst she gave her full confidence for the first time; for the first time in her life made a clean breast of all her troubles, peccadillos and fears. That she felt the need of doing this was shown in her attempt, during the psychosis, to interest herself in the Catholic faith. She was too firmly held by her Protestant training to accomplish this, however, and did not care for it after her need was satisfied by analysis. She wished that she had been reared a Catholic, "for," she said, "they take care of their girls." In the Catholic church she thought she might have found the instruction and the advice she needed in taking care of her psycho-sexual problem.

An obsession about her teeth and a habit of picking at her mouth are interesting as indications of the trauma that precipitated her psychosis. She picked at her teeth until she completely destroyed some expensive bridge work. She then felt that her mouth was ugly and disfigured her whole face and she grieved openly over her changed appearance. After analysis was begun she dreamed that

she saw her husband, that his teeth were filled with gold and that he was trying to get a divorce. This dream, like the obsession, made reference to her forced participation in her husband's filthy oral perversions and her abortion committed as a result of her anger against him. The ambivalent symbolism, by which her pulling at her teeth represented both her desire to get rid of the filthiness of her mouth and her desire already realized to get rid of the child conceived unwillingly, is probably made possible by a reversion to her old childhood idea of conception and birth as taking place through the alimentary canal, and the vague thought that the child and the oral practice were thus connected. Such thoughts are not really thoughts at all, they are obscure and vague mental activities that nevertheless result in behavior as definitely conditioned as by an idea or a habit.

In dreaming that her husband's teeth are filled she put the onus of guilt on him, both for the perversion and for the abortion, and dreamed further that he was getting a divorce, thus freeing her from a hateful position. Gold—filthy lucre—filth, represent the nasty practice he had forced upon her and that had all but killed her love for him. The fact that material considerations, such as the need for support for herself and children, influenced her to remain with him, also determined the use of gold as a symbol.

A sense of guilt added to an inner insoluble conflict over her husband, a conflict that had grown with the years, in this case seems to have brought about a psychotic reaction to a bad situation. That she could not deal with the situation frankly and adequately, but instead gave way to groundless fears and hideous fancies was the fault of her poor emotional and intellectual development. She had the habit of fear and of self-distrust. She had clung to her mother and still did so in spirit, as she admitted, though forced to assume grown-up responsibilities early. It has often been remarked that in children who assume adult responsibilities too early the precociously developed faculties soon cease to develop, the character is stunted, the old-fashioned child grows into a childish adult. It was a surprise and a delight to see her emotional nature expand under the influence of analysis.

In studying a case of this sort physical factors are, of course, not to be overlooked. This patient appeared normal except for some slight disturbance of the reproductive organs. It is to be remembered that she was sterile until a dilatation of the cervix was performed and that she had very difficult labors and several miscar-

riages. Her psychosis followed a self-induced miscarriage. When admitted here retroversion of the uterus and leucorrhea were the only abnormalities noted in the genito-urinary tract. She had profuse but irregular menstruation during which her mental anxiety was always greatly augmented. After the coincidence of her menses and her mental distress was pointed out to her, the latter grew to be less marked at the time of the flow. She learned to discount her feeling of tension and apprehension.

Her finger joints were enlarged from arthritis deformans. Her muscle tone and her chest expansion were poor. She suffered from constipation. Neurological findings, urinalysis and Wassermann blood reaction were negative. When she left the hospital after two years of treatment, her physical condition was greatly improved, and mentally she was in her normal condition, except that she was more frank, cheerful and hopeful than she had formerly been.

She has now been living at home for two and a half years and has been well. As the home had been broken up, the furniture sold, and the two younger children placed in an orphanage during her illness, getting a new start was a problem. Her husband had rather gone to the bad before July, 1918, when he stopped drinking, and had lost his position. She decided to get work in a department store in order to help reestablish the home, and for two years has filled her position competently and has done light house-keeping in a flat. When last seen in the early summer of 1920 she was on the point of taking a house, devoting her full time to it and to her children, and giving up her position. She appeared very happy and in good physical condition.

CONCLUSION

In going over the cases described here it will be seen that the therapeutic results of psychoanalysis have been meager and doubtful. While a part of this lack of success might be ascribed to the individual method used—the analyst not employing a good technique—yet surely in large part it is due to the material worked upon and to the handicaps of the surroundings. The best results were obtained in cases II, III and V which had not become chronic. Case I, an old chronic patient, showed some alteration in her cycle, though she is hardly likely ever to be well. Case IV, a bigoted self-willed character, was affected scarcely at all by the treatment and did not coöperate sufficiently well to receive full treatment. None of the patients treated had the intellectual training or the open mind that

Jelliffe, in his *Technique of Psychoanalysis*⁷ speaks of as necessary, or at least desirable, in a patient who is to be helped by psychoanalysis. Perhaps few favorable cases are admitted to public hospitals. Yet, on the whole, I do not think we should say that the value of the study is purely negative. Abraham and Clark, as well as others perhaps, have felt assured of the success of the method with manic-depressives, the treatment being applied in the depressed phase or normal period. The patients here discussed were usually not for long available in either the depressed or normal phase and analysis had to be applied when the patient was still hypomanic, or anxious, as in case V, not a very favorable time for securing the concentrated attention of the patient. That even such small results were obtained, taken with the fact that no serious effects of an unfavorable nature, such as Stekel warns against, were incurred, ought to encourage the psychiatrist to try the psychoanalytic method with even grave and advanced cases of manic-depressive psychosis, although he must proceed with caution.

The fuller personal history that is obtained whenever psychoanalysis is started gives some points of interest, even though they are the same as those brought out by all the individual case histories of the neuroses and psychoses that have been published. We are not yet beyond the need of cumulative evidence for the theory that functional mental disorders follow upon a history of emotional maldevelopment.

It may be only a coincidence that four out of the five cases recorded reached puberty at an unusually early age, but it is not a mere coincidence that all of them developed sexual repressions as a result of their mothers' failure to meet their needs at the critical time. Unsatisfied curiosity, doubt, and fear as to sexual problems arose at a time when the girls, not yet twelve years old, were unable to meet them successfully without help. Knowledge gained in a clandestine manner but never complete enough to be an adequate preparation for married life did not materially help the situation but rather stimulated morbid imaginations and encouraged fears, making an easy adjustment to the growing sex-consciousness of adolescence impossible. Excessive bashfulness, lack of self-confidence, modesty, prudery, incipient homosexuality were the usual results.

When our patients came to marry, as four of them did, marital relations were not happy. Total or partial anesthesia was the rule,

⁷ Jelliffe, S. E., *Technique of Psychoanalysis*, p. 3.

and many irritations in domestic life that were ill-borne. This unsatisfactory condition, not offset by enough vital intellectual or social interests to provide paths of sublimation of the unsatisfied libido, finally wore out the nervous endurance of the patient and a psychotic outbreak of a compensatory nature was the result. Of course it has been often contended that the same unsatisfactory conditions prevail in the lives of normal individuals. If this is true normality is preserved because of two factors—first the “normal” person has a better integrated nervous system (heredity?) than our patients, and, second, they succeed in finding, perhaps by accident, paths of sublimation.

In considering the psychology of the disordered behavior of the patients, several points of similarity come into focus. The wish-fulfilling nature of many of the delusions and of the irrational actions is apparent. That the patient has the psychosis solely in order to find a vent for these regressive, impossible, or asocial wishes we cannot assert dogmatically, although if the functional psychosis is of psychic origin, a statement somewhere near that would express the truth. But, the inhibitions once removed, the wishes take command of the field, and the patient's condition is ameliorated when a new set of more acceptable wishes can command the same vital interest and energy that these regressive wishes have commanded.

The fact that these regressive wishes are in direct opposition to the consciously endorsed desires and purposes of the individual, and that he makes a struggle against allowing them to come to the surface in overt behavior, makes the manifestation of the manic-depressive psychosis in some points similar to the compulsion neurosis. The patient is often conscious of an inner compulsion to act and talk as he does that seems like an outside force compelling him, and yet is not accepted as an outside force in the way that it is accepted by the paranoid precox. The manic holds on to his integrity. And because he can neither comfortably give way to the set of wishes which his conscious social and moral sense condemns, nor yet can face their existence, but must use very strong repressive force to keep them impotent, it is difficult to reach the root of his trouble by analytic methods, as it is difficult to reach the compulsion neurosis. His mental integrity may be lost in the process. In none of the cases reported here was the very depth of the conflict sounded by analysis. But the pressure of unconscious unwelcome wishes was sufficiently lightened by replacing those nearest consciousness with more serviceable ones so that the sufferer found his burden

not too heavy to bear. When spontaneous recovery takes place what happens, from the psychological point of view, is that this pressure is lightened by some environmental change which makes possible a harmony of wishes formerly opposed, or else the patient is able to bring to bear a new repressive force.

Furthermore, the psychotic, in his giving way to hitherto repressed wishes and trends (trend being used to express something less definitely formed than wish) shows usually a regularly graded regression, a real going backward, step by step. At first the compulsive or delusional ideas and the irrational acts relate directly to the situation at the present time that he is unable to meet, an adult situation. He develops a new type of reaction (the psychosis) to meet it. As it proves unsatisfactory—as it must so long as he has any appreciation of reality—he goes by a process of emotional association (incidents associated with other incidents that had the same emotional content) back to a set of wishes or trends that belonged to an earlier stage of his development. The patient who at first showed merely that she wished to be free of her husband, not fully consciously, begins after a time to recreate in fantasy the scenes which framed the loves and hates and the ungratified wishes of her childhood. Deeper and deeper layers of the repressed material of the unconscious are thus disclosed. The manic-depressive type of character is not supposed to descend to the depths reached by the precox, but, as we have seen, in the cases described, they do sometimes go to a pretty low level, that of playing with excreta for example. The mechanisms of repression and of wish-fulfilling activity are present in all types of functional mental disorder, nor is the nature of the wishes, *i.e.*, the content of the psychotic behavior and thought, the ground for differentiation. It is rather to be found in the patient's attitude toward his environment, toward the things that are external to himself. The manic-depressive character is extroverted, he tries always to relate himself to his environment, he minimizes the subjective element and makes use of every object in range of his senses, even though he may perceive it wrongly, due to the dominance of a wish. This tendency to seek real things, to seek the objective, instead of wrapping himself more and more within himself, as the introverted character does, may be, as White⁸ has said, the secret of the favorable prognosis of this malady, because reality, as opposed to fantasy, is the normal direction for the libido.

⁸ White, *Outlines of Psychiatry*, p. 127.

The behavior found in the manic attack, in which the patient throws himself with almost equal vim into every possible avenue of expression, is in itself a defense reaction. By thus taking the offensive he keeps himself safe from the approach of the painful thought or feeling which is usually a realization of some failure or degradation, or fundamental inferiority of his own. When he is depressed his defense is no longer possible and he is weighed down by the pain of the acknowledged defect. This interpretation brings out more clearly, perhaps, than anything else that has been said the reason why this form of psychosis is so difficult of psychoanalytic approach. The patient cannot hear the truth and his method of defense against it bars out the free discussion necessary in analysis. The most responsive cases, so far as my experience goes, among the pronounced psychoses, are those, which, for the needs of hospital diagnosis are cross-indexed between manic-depressive psychosis and dementia præcox. Such patients have the frank and open, friendly attitude of the manic, combined with a form of quiescence which resembles the precox type of reaction. The counter activity type of defense against the painful complex is not so well developed as in the outright manic, and there is also a better chance of getting consecutive and constructive introspection and thought from the patient.

Note: I wish to acknowledge my indebtedness to Dr. William A. White for permission to use the case histories here given and also for his instruction, suggestions and encouragement in carrying out the work. Thanks are due to Dr. Edward J. Kempf for helpful suggestions in the management of cases I and V, and to Dr. L. D. Hubbard for valuable assistance in preparing the manuscript.

THE GROUP TREATMENT OF DEMENTIA PRÆCOX¹

By EDWARD W. LAZELL

The success of the treatment of many individuals by the psychotherapeutic method is on so secure a foundation that there is no warranted scepticism of its value. So many cases have been assisted to make a social adjustment that the term cure can be safely applied. The best results of the psychotherapeutic method have been seen in the treatment of the psychoneuroses; but the work of Dr. E. J. Kempf and others at Saint Elizabeth's Hospital and in other places will eventually show that many cases of the more fundamental disturbances of præcox and the manic-depressive groups are also accessible to this method of approach. Many such cases have already been reported.

The individual method has, until recently, been the only one successfully employed. In many cases this is the ideal method, as far as the patient is concerned. But it must be frankly admitted that it has many unfavorable features. First, many cases have been assumed or proved by trial to be inaccessible. In many other cases a transfer could not be obtained. Again the submissive homoerotic fears the analyst as soon as the sexual material is approached, assuming that the analyst is making a homo-sexual aggression, and recoiling from him with an accentuated fear reaction. Perhaps the most unfortunate obstacle is the economic one, in that, on account of the great amount of time consumed, only a small number of patients can be seen. This latter feature precludes any attempt to assist that large number of persons whose economic value to the community before the onset of the psychosis was not considerable, and also those whose meager education gives but little hope of adding a valuable citizen to the community, such as the morons and defectives.

All these reasons and others that might be mentioned show the need of some method of attacking this problem on a wider basis, in a more wholesale manner. After giving individual talks to a number of patients one at a time and watching the results,

¹ Read before the Washington Society for Nervous and Mental Disease, May 20, 1920.

the writer proposed to Dr. W. A. White, of Saint Elizabeth's, that the group method be instituted. The results of these individual explanations of the causes and symptoms given to apparently inaccessible patients in a purely didactic manner had justified this proposal. Another of the psychoanalysts at the hospital had used this method and dubbed it the "Etiology Spiel." In order to make the psychotherapeutic method possible wards were designated psychotherapeutic wards and set aside for selected cases. All the other methods of treatment afforded by the hospital were offered these patients, such as occupation therapy, exercise, etc., and to this was added the psychotherapeutic work. The method has been in operation for about six months with very gratifying results. On the wards assigned to the writer the group method has been used in addition. The results of this group treatment have justified the hope that it would be successful. It is remarkable to see patients who have been mute and apparently inaccessible make a rapid adjustment and ask the psychotherapist for further individual help.

Before the wards were assigned to the writer, two groups were given three talks each, and of these patients, those who recovered were questioned as to what assisted them in solving their problems. Of these several voluntarily approached the writer and thanked him for the talks, and over half of the group stated that the talks were the starting point of their recovery. Of the remainder which was largely made up of those patients who were endeavoring to make an adjustment by forgetting their experience which shows that the treatment was insufficient or not wholly appropriate to their individual needs, most stated that the talks were of great assistance. Three patients of one group who had been hallucinating and so disturbed that they were kept on the ward at all times, were playing baseball on the lawn three days after this series of three talks and each of them voluntarily approached the writer and thanked him for them. Of course they were *far from recovered*, but all left the hospital later as *social recoveries*. Taking into consideration the enthusiasm of the writer, and admitting that the results were not likely to have been underestimated by him, there still remains a large factor that cannot be ascribed to the tendency to so-called spontaneous recovery so often seen in præcox.

Every psychoanalyst recognizes that the problems of the patient are individual ones, specific to the patient. But it is not the nature of the problem that varies, it is the coloring matter, the stage setting as one might call it. There are certain groups of facts that

may be given to such patients in lecture form. The neuclear conflict, the Œdipus problem, and the problems of sexual development are the basis of them all. These groups of facts, which might be called the common denominators of præcox, will be alluded to later. Again the psychotherapeutic ideal does not stop at merely assisting the patient to a social adjustment, but aims at a more fundamental reëducation of the patient, a directing of the instinctive demands into normal channels, not only compatible with the ego-ideal, but also with the Herd Law. The patient's emotional life must not only be made compatible with itself but also he must be adjusted to the social demand in order that he may be able to satisfy his ambitious wishes and his will to power. This idea is usually expressed by the term character building, but the reading of character building books shows that the authors have but little real knowledge of the basis of character. This latter material consists in making the patient securely hetero-sexual or in sublimating his homosexual component in a satisfactory manner; of freeing his libido of its back-drag, directing his libido away from himself and into the world, and has for its goal the altruistic ideal. It is at once seen that this material is all subject matter for a general method of presentation to the patient.

One of the greatest difficulties presented by the group method was the fact that the writer did not understand the fundamental difficulties of the patients. It was at once apparent that the *sine qua non* of the group method was that *only such patients as presented the same fundamental problem and were solving their difficulties in the same manner should be included in the same group*. The ordinary classification of hebephrenic, catatonic and paranoid was of no assistance in this grouping because the catatonic often merged or changed into the hebephrenic and the paranoid delusion is an adjustment to an earlier confused state. Again there are many cases, in which the symptoms are so mixed that it is impossible to classify them at all under these terms. In fact as the patient progresses with his auto-analysis, either under treatment or without psychoanalysis, widely varying pictures are presented at different times in the same patient.

This led to a consideration of the methods of recovery in præcox and showed that *the patient who recovers with insight and really conquers himself passes through the stages of development the libido originally should have passed through*. We often see a patient who has regressed completely and feels that he is a little

child again. From this, the mother level with incest wishes he passes to the Narcissistic, thence through the homosexual to the heterosexual. Many patients are retarded or remain in one of these stages and are not able to surmount the obstacle that bars the path to adult reality. Thus in one case the patient has been given ground parole repeatedly but every time he mingles with men off the ward he develops an homosexual panic and has to be returned to the seclusion and protected situation of the ward, where the supervision of the attendants makes the homosexual situation impossible. In other cases a single stage may be passed through so quickly that it is not recognized.

The first grouping of patients was made according to the prominent symptoms presented as (1) Auditory hallucinations, (2) depression, (3) suicidal cases, (4) agitated fearful cases where the patient fears something dreadful is about to happen to him, (5) catatonic and (6) paranoid. But it was soon seen that although the patient might have auditory hallucinations or delusions the content of the accusations was very different. This led to a comparison of cases where the content of the hallucination or delusion was definitely determined and analyzed, and it was found that all cases of dementia præcox can be placed in one or the other of two great groups. The description of the fundamental difference in these two conditions was found in Ferenczi who divides the homosexual into the object- and subject homo-erotic. The terminology used by Dr. Kempf was later substituted because it is less confusing, and far more descriptive of the actual condition—the aggressive and submissive homo-erotic. The terms aggressive and submissive refer to the manner in which the patient wishes to gratify his erotic cravings, whether it is active or passive. For instance in fellatio or pæderasty the patient who wishes to submit is quite a different type of individual from the one who wishes to take the active rôle. The aggressive homo-erotic feels himself to be a man in every respect, is energetic and active, is attracted to delicate boys with an effeminate appearance, but meets women with antipathy. He frequently changes his love object and finally develops into the Don Juan type, with a tendency to seduce every young woman he meets. He is nevertheless psychosexually impotent. The submissive homo-erotic on the other hand feels himself to be feminine in all respects, is attracted to powerful men. These two types pair off in the institutions for the insane just as they do in private life. Those of the submissive type often feel

that they have the genitalia of a female and may even carry this femininity to the extent of believing that they are pregnant.

A large list of delusions and hallucinations in the aggressive and submissive categories has been accumulated. The most difficult to understand are the symbolic ones. The delusion that one is being hypnotized, one's mind is being read, one is being influenced by others, is under the control of others, that someone is going to stab, shoot, crucify one or cut one to pieces, or that one wishes to have an arm or leg cut off, has had one's ribs broken, etc., are of the submissive type.

It will be seen that there are, therefore, two types of dementia præcox and that these conform in a general way to the descriptive terms hebephrenic and paranoid. The hebephrenic is an aggressive homo-erotic and the paranoid is submissive. Without further elaboration at this time, it will suffice to say that the symptoms of the hebephrenic are directed toward the incest wish for the mother the patient taking the male part, while those of the paranoid are essentially manifestations of hatred for the father. But it should not be forgotten that the hatred for the father in the *Œdipus* problem is simply the personification of the incest wish for the mother. That is the boy hates himself for the incest wishes toward the mother and projects the hatred on the father. The father image is always an ideal one and only represents a possibility for the son. It was further established that the family situation between the parents in infancy is of great importance in determining the type the patient will develop. The hebephrenic's conception of the real father was that he was a strong man who consequently inspired the boy in the development of his masculinity. He dominated the mother, that is, was more masculine than she. In the case of the paranoid, the father was a weak man, and was dominated by the mother, who in many cases showed a great deal of masculine protest. In other words the mother was the man of the family. Further, that while the hebephrenic wishes to return to the incestuous relation with the mother, he acting the male rôle, the paranoid wishes to *submit physically to the mother, the patient taking the submissive or feminine rôle and the mother taking the male rôle*. Thus in one of my male patients, the delusion was that the mother had masturbated him through his vagina; and in another that he was seduced by his own embryo which proved on analysis to be feminine. We see therefore that in both cases the patient wishes the love of the mother; in the hebephrenic the patient wishes to

take the aggressive or masculine rôle, while in the paranoid the wish is to take the submissive or feminine rôle. This is of the greatest importance in the treatment, for while in the hebephrenic we must endeavor to free the heterosexual libido from its fixation on the mother, we are dealing altogether with the homosexual component in the paranoid type. The nosology of this double rôle is easily understood when one considers that each male is bisexual in his erotism. In the aggressive homo-erotic the male erotism is, so to speak, dominant and the feminine recessive; while in the submissive type the feminine is dominant and the masculine recessive. Emotionally dominant and recessive is meant, not physically; this condition may also be only temporary.

Having established the above facts the grouping of patients took on quite a different aspect, and the failure to be of assistance to *all* of a group of patients who heard voices calling them vile names was explained. Of those who were not assisted the larger part were submissive homo-erotics and no explanations had been given them of the *feminine* nature of their wishes as shown in the hallucinations or delusions. A preliminary talk with the patient or a good history of his delusions is necessary, therefore, to establish whether he is aggressive or submissive.

The advantages of the group method are many; the success is assured by the results obtained. (1) The patient is *socialized with reference to the fear of death and the sexual problem*, and feels that since there are so many others in the same condition as himself he cannot be so bad. (2) *The fear of the analyst* as an individual is removed. (3) It was found that many patients *apparently absolutely inaccessible* heard and retained much of the material, even though they sat and phantasied or talked to themselves all the time the lecture was in progress. It was noticed in the therapy room that the patient might talk to himself continuously while making baskets or weaving on a loom, but that his conscious mind was occupied with the work. In fact, many of the most intricate patterns were made by these patients, showing that while the subconscious mind was occupied with the phantasy life, the conscious activity was on the work at hand. This did not apply to those cases with visual hallucinations; here the hallucinatory phantasy completely interfered with the other activity of the eyes, although the patient might continue to weave with his hands if he had repeated the action a number of times, but still not enough so that the activity of the hands could be ascribed to habit. This

would point to the fact that the hallucination is a product of sub-conscious activity and that the conscious mind is accessible at all times. *The writer has adopted the motto that the patient is accessible at all times to the correct manner of approach*, and that the term "inaccessible" is only a projection of our own inferiority, our inability to understand the symptoms, onto the patient. There is another great advantage in the group method in that *many patients develop a positive transfer* and later ask for individual assistance. The writer is convinced that many of these patients would have developed a negative transfer to the direct manner of approach. *The patients discuss the lectures with each other* for some time after each lecture, adding to the force of the talks.

The writer appreciates the difficulty that will immediately arise in the mind of the reader when the statement is made that the sub-conscious is wholly responsible for the psychotic symptoms and that the conscious mind is accessible at all times. It does not necessarily follow that because material is presented to the conscious mind that it will affect the subconscious; and it is equally true that it is the subconscious that we wish to reach. But one should remember that the patient is seeking facts that will make a resolution of the subconscious problem possible. Such material presented to the conscious mind is immediately taken up by the subconscious and used constructively; or is retained in memory and used later. Thus one of the patients stated that he remembered all that had been said at the lectures but that it was of no assistance to him until several months later when he reviewed what he had been told and adjusted with the assistance of these new facts.

We are confronted with a psychological paradox due to the fact that no division between the conscious and subconscious activity exists in fact. The delusions and hallucinations are just as unreal to the patient as they are to the observer; he lives in his unreal world because the real world is too painful, and recognizes that it is unreal. We have a counterpart of this conflict in the development of the ego-ideal and the patient recovers from his psychosis by the same psychological processes that he once had when he was forming his concept of the man he wished to be and tried to live up to it. This shows the necessity of presenting the material to the patient on the infantile (preadolescent) level and repeating the same material several times. If the subject matter makes it easier to face reality the patient is assisted. Most of the difficulties with reality as seen by the patient are erroneous and

fictitious and can be broken down, as for instance the belief that masturbation ruins the brain or that a boy who has indulged in the habit is always weak-minded. If this belief, which is a part of the patient's reality, as changed, reality is easier to face.

The point of view advanced by Jung has been adopted—that *while the early infantile experiences act as a drag back, the real difficult for the patient is a bar to the onward flow of the libido*. This obstruction in front must be removed. This consists largely of the homosexual problem, which owes its existence not to the fact that the patient wishes to remain homo-sexual but is prevented from being heterosexual. As long as we think of homosexuality as a cause of præcox we remain in statu quo. While the symptoms of præcox are the reaction to his homosexuality, still he is homosexual only because he cannot become heterosexual. The writer sees the Œdipus problem in every case of homosexuality. Nor do we find the cause of præcox in autonomic tensions. The tensions are the result of the conflict which results in the homosexuality, and are due to the specific bar to the libido which keeps him from becoming or remaining heterosexual. The writer has included in his concept of heterosexuality the ambitious wishes mentioned by Jung, the will to power, etc.

There is another distinct advantage of the group method. Many patients make an adjustment which permits them to live in peace and quiet of the cloister of the asylums. The group method makes large numbers of these patients uncomfortable with their condition, at the same time presenting constructive material which assists them in solving their problems; their problems are reactivated by and with the explanations. Of course many are made temporarily worse and the lecturer must be prepared for periods of excitement, outbursts of rage and homosexual panic. But it should be assumed that these episodes are constructive, since their occurrence shows that the lecture has touched the vital spot, the patient's problem, and that he will emerge from the conflict on a higher level. In the paranoid cases these outbursts usually follow the breaking down of a symbol or symbolic action in which the patient has found a comfortable adjustment.

The material presented to the patient is largely the result of psychoanalytic investigation. It has been arranged so as to be progressive in character and corresponds more or less with the problems faced by the child as he progressed in development. Very simple language is used, although the more technical terminology

is used here. The individual talks have been somewhat as follows, and are repeated several times. Each talk is reviewed before giving the next.

Talk 1.—The Fear of Death. Universality of. Self-preservation the first law of nature, but not the highest. All men on the firing line were afraid. The brave man is the man who is afraid but does his duty. The repression of fear results in a conflict of a subconscious nature and is not known to the patient. *This is the stage of confusion.*

Talk 2.—The conflict so produced opposes the free flow of the libido so that the soldier cannot "carry on." The libido is dammed back and since the patient cannot run away on account of the fear of court martial, his fear of fear and his self-respect, he makes a mental flight, going back in his emotional life to the point of his fixation on the love of the mother, to that time when he was safe in his mother's arms and had no moral responsibility to be a social animal. There is spontaneous de-differentiation of the libido. *This is the stage of regression.*

*Talk 3.—*This regression to the infantile age *reactivates those emotions which were acceptable at that age* but are now no longer so. The emotions are practically the re-animation of the Oedipus problem in all its features, the love of the mother and the hatred of the father, which problems he had never solved. *The stage of the reactivation of the infantile wish-fulfillment.*

Talk 4.—Explanation of the most common hallucinations calling them C.S., S.O.B., and German Spy, in the aggressive type; and voices accusing them of immoral practices (Fellatio, identification of mother and self with the mother animal and the nursing young, and infantile curiosity, respectively). *The stage of ego-ideal correction.*

(A) *Fellatio.*—The child wished to nurse the maternal nipple; being prevented by the weaning the child goes progressively from this association to the desire for his own penis, his toes, his finger, perhaps to infantile fellatio with a brother. Back of masturbation and fellatio is always the desire for the maternal nipple.

(B) *S.O.B.*—During the birth fancies the child identified his mother with the female animals it saw nursing the young, and identified himself with these young (see the writer's analysis of the Kipling Jungle stories). The greatest resistances in observing these animals were encountered where there was the greatest temptation, the family dog. Hence the great distaste at being called this name.

(C) *German Spy*.—The child loved the maternal nipple, finally the whole body of the mother and wished to see her nude, peeping, spying, listening also for sexual instruction in the solution of the riddle of life. The development of the ego-ideal brought about the development of the conscience which told the child that this was a bad thing to do. Those who break through or never develop this ego-ideal are the Peeping Toms. The word German stands for something bad.

We speak of the voice of conscience. The word conscience is used in the sense of the corrective influence of the infantile ego-ideal. The accusatory voices are the voice of conscience negating a subconscious wish to do the thing that the voice accuses them of. Two sets of voices are often heard, one on the right side, the other on the left. It is remarkable that the tempting voice is rarely heard in the right ear unless the patient is left-handed or was so in infancy and was trained out of it. Many of these patients are left-handed in fact. This hearing the corrective voice in the right ear is due to the association of right and left, right and wrong, etc. In left-handed persons the corrective voice is heard in the left ear. The other auditory hallucinations and delusions are explained in the same manner.

Talk 5.—Masturbation. Its universality. Readings from various authors, as Brill, H. Ellis, etc., to prove that it is universal and that it does not lead to the disastrous results believed by the patient. Explanation that the patient's return to masturbation is a return to his infantile love of the mother image. Explanation of being followed and watched due to fear of being caught in this act or others of a similar nature. It is the guilty conscience that is following and watching, but projected on others. *This is the stage of Narcissism, or self-love.*

Talk 6.—Self-love shown in other ways than masturbation. The development of the ego-ideal by the repression of the infantile wishes is explained. *This is the stage of substitution or sublimation of the narcissism.*

Talk 7.—Homosexuality. Its reasons in flight from women due to the idea that all sexuality is nasty or bad, that all women are immoral or diseased, that the child often fears all women on account of punishments in infancy for sexual transgressions, or the child was dominated by the father, or the flight is due to fear of impotence, etc. Pæderasty is explained and the infantile birth fancies on which it is based. *This is the stage of homo-sexuality.*

Talk 8.—Inferiority and its causes. Its results. The small penis and small genitalia complexes. Origin in masturbation and comparison with larger organs in the infantile stage. The general feeling of inferiority due to the struggle with masturbation or infantile dominance by the parents, brother or older sister. Uncertainty of the sexual rôle. (This is not the Alderian concept.) *Stage of rationalization of inferiority.*

Talk 9.—Usual causes of flight from women. Bars to heterosexuality in feelings of inferiority and inability to cope with women and hence the world, due to masturbation, sexual experiences, etc. This is the usual cause of cases remaining many years in an asylum. Man's estate as aggressor in family, providing for the woman and making a home for her children; winning his place in the world to fulfill his ambitious wishes, will to power, etc. *This is the stage of projection of inferiority rationalization.*

Talk 10.—Overcompensation for inferiority the cause of delusions of grandeur. Such beliefs are the admission of his feelings of inferiority. Explanation of the paranoid projection of hate and symbolism. The hatred for the father is the personification of the incest wish. Such a state is an admission of love for the mother. Development and causes of psychosexual impotence. *This is the stage of overcompensation.*

Talk 11.—The explanation of hallucinations and delusions. The good voice is the voice of conscience, the bad the infantile wish returned. Visual hallucinations follow the same mechanism. Condensation, dramatization, etc. As we watch the patient progress toward recovery we see him start as a small child and go through all these stages. (It is the thesis of the writer that this is the normal method of adjustment.) The return of the libido to the infantile level is for the purpose of purification; to help the patient to conquer his lower nature. The psychosis is therefore no disgrace but shows a wish to get onto a higher level. But it is a disgrace to remain insane, to run away from the world. All methods of treatment should be directed toward diverting the libido through these stages, up to adult reality again. There is hope for all cases to return to active life.

Talk 12.—Day-dreaming; explanation, ambitious with erotic elements concealed. Dangers of day-dreaming. Urging the patient to work, adopt some definite activity in the hospital and stick to it. Books are provided such as the Myth of the Birth of the Hero, Kemptf's Analysis of the Psychology of the "Yellow Jacket,"

Adler on homosexuality. These books are given to the more intellectual patients as fast as they have assimilated the previous ones. The lectures given by the writer at Trinity Episcopal Church in Washington have been most gratefully received.

In conclusion the writer holds the ideal that institutions for the insane now largely devoted to custodial care, hydrotherapy, etc., should be changed into institutions for the instruction of these patients; that such instruction should aim at directing the instinctive demands, especially along sexual lines, into normal channels aiming at the heterosexual goal; that defectives not due to organic causes, psychopathic personalities and the morons should be handled in large numbers by this method; that young men in criminal institutions, reformatories, under the care of the Juvenile Courts should be given this instruction, believing that Society owes it to these patients that they be not allowed to stagnate in mental inactivity, and that large numbers could by this method be raised to a sufficiently high level to be of economic value to the community or return to active life, even if on a lower plane. It is further believed that colonies of these patients should be established looking toward this end. Newspapers should be provided and every method used to assist the patient back to reality.

It is not contended that the group method should supplant individual psychoanalysis, nor that the lectures as outlined are all that could be wished. Only after the method has been tried on large numbers of patients, with the results carefully subjected to analysis and comparison will the possibilities and the limitations of the method be established. Daily behavior charts should be kept for each patient, on which is also noted the character of the material presented at the lecture. The dream life should also be charted. Enough patients should be analyzed after recovery to establish that it was the material of the lectures that was responsible for the adjustment. It is hoped that this work will be taken up by other psychotherapists working in hospitals where the group method is possible and the results reported so that some statistics may eventually be gathered. The writer feels that the group method in the hands of competent psychotherapists of the psychoanalytic type will prove a great advance over the methods now in use.

THE DEATH OF PAN: A CLASSICAL INSTANCE OF VERBAL MISINTERPRETATION

BY DR. JAMES S. VAN TESLAAR

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A widespread belief, among the mythical accretions around the story of Christ, is the account of the death of Pan, which according to Christian tradition, took place at the time of the birth of the Christian Savior, or, according to another version of the same story, at the time of his death. This story persisted for over eighteen centuries, being kept alive, amplified, built upon, quoted and otherwise exploited by numerous writers, apologists, controversialists and missionaries in the interests of Christianity. Among the more enlightened Christians it has served as a symbol that with the coming of Christ, the ancient world, its beliefs, its Gods and rituals came to a sudden end and that thereupon a new world-order came into existence. But the pious Christian generations of the past, steeped in religious tradition and guided by faith, accepted the story as literal fact; and they were encouraged by the Church dignitaries to hold fast to it as a historic occurrence of incontrovertible veracity, a proof among many, of the superiority of the Christian religion over the beliefs of the pagan world.

It happens that the story and its development can be traced with fair accuracy. The manner of its unfolding from Eusebius, the valiant champion of Christianity during its earlier Roman days, who seems to have been the first Christian apologist to shape the story of the Death of Pan and give it definitely its pseudo-historic standing, down to Milton and Mrs. Browning, who rhapsodized about the occurrence with Christian reverence and poetic fervor, illustrates the growth of myth by purposive accretions such as a student of psychoanalysis would naturally expect to find wherever phantasy is moulded to one's "heart's desire." I propose to take up this subject in another contribution.

For the present I shall reverse the order of inquiry and attempt to trace the story not from Eusebius forward and downward to our day but back to its first source. The task is simple, the account of Eusebius resting on a single authority. In his *Præparatio Evan-*

gelica (Book V), where he gives his own version of the Death of Pan story he quotes Plutarch as his authority.

Turning to Plutarch, we find in his *De Defectu Oraculorum* (XVII) the following account:

"With respect to the mortality of beings of this kind," Plutarch is here discussing the nature of demons, "I have heard a tale from a man who is neither a fool nor an idle talker—from that Æmilian, the rhetorician, whom some of you know well; his father was Epitherses, a townsman of mine, and a teacher of grammar. The latter related that once upon a time he made a journey to Italy and embarked on board a ship carrying merchandise and several passengers. When it was now evening, off the Echinad Islands, the wind dropped and the ship, carried by the current, was come near Paxi; most of the passengers were awake, and many were still drinking, after having partaken of supper. All of a sudden, a voice was heard from the Isle of Paxi, of someone calling 'Thamus' with so loud a cry as to fill them with amazement. This Thamus was an Egyptian pilot, known by name to many of those on board. Called twice, he kept silence; but on the third summons he replied to the caller and the latter, raising his voice yet higher, cried 'When thou comest over against Palodes, announce that the great Pan is dead.' All upon hearing this, said Epitherses, were filled with consternation, and debated among themselves whether it were better to do as ordered, or not to make themselves too busy, and to let it alone. So Thamus decided that if there should be a wind he would sail past and hold his tongue; but should there fall a calm and smooth sea off the island, he would proclaim what he had heard. When, therefore, they were come over against Palodes, there being neither wind nor swell of sea, Thamus looking out from the stern, called out to the land what he had heard, namely, 'that the great Pan is dead,' and hardly had he finished speaking than there was a mighty cry, not of one, but of several voices mingled together in wondrous manner. And inasmuch as many persons were then present the story got spread around Rome, and Thamus was sent for by Tiberius Cæsar; and Tiberius gave so much credence to the tale that he made inquiry and research concerning this Pan; and the learned men about him, who were numerous, conjectured he was the one who was born of Hermes and Penelope."

Here we have in full the original account of the incident which served as the inspiration for the Death of Pan myth and furnished the Christian Church one of its traditions.

II

What must have actually happened is sufficiently clear from the context when viewed in the light of recent investigations on the life and customs of the period to which the incident refers.

A group of travellers were returning from Greece to Rome. There may have been among them some Greeks from Corinth or possibly Athens. If so they were not likely to be leisurely sight-seers as Greece was at that period under Rome, badly depopulated and in poor condition. Average townfolks bent on barter and trade are not expected to be familiar with the folklore and ancient history of the localities through which they pass.

It was the annual mourning of Tammuz. The country folk along the shore, descendants of Tammuz-worshipping settlers followed the custom inherited from their forebears and amidst the chanting of ritual carried the effigy of the god to be cast into the sea. The line of the ritual chanting the name of the god *θαμους, θαμους, θαμους πανμεγας τεθνηκε* (Thamous, Thamous, Thamous pan-megas tethneke) attracted the attention of the pilot on the passing boat, who bore the name Thamus, or Tammuz and who therefore, through an innocent error, imagined the name to be a call to himself.

Once started on this path it was natural for that simple Egyptian to hear the rest of the chanted line in a sense which would make sense for him, if it was, as he imagined, a call to him. Thus, the second half of the line *πανμεγας τεθνηκε* (panmegas tethneke) became to his ear *παν ο μεγας τεθνηκε* (Pan ho megas tethneke) as erroneously reported by Epitherses, the father of the man from whom Plutarch learned the story.

Of course *πανμεγας* (panmegas) is a superlative form of *megas*, corresponding in sense and form exactly to our *almighty*. The insertion of the particle *ο* (ho) between the two words forming the compound was a slight error not beyond a group of Roman business drummers or an Egyptian pilot when the phrase is chanted out—at them as they thought—from a distance. Moreover in its true form the phrase would have probably carried no meaning to those on board who must have been unfamiliar with the worship of Tammuz which was a transplanted and for those parts, therefore, an exotic custom. The mis-hearing, on the other hand, introduced sense and meaning to the occurrence for those on board. They heard what they could understand not what was beyond them, and the pilot was additionally pleased with the reference to himself which the mis-hearing of the words made possible.

What happened, therefore, was "a nocturnal misunderstanding" as Salomon Reinach¹ expresses it, "due to a double confusion of a divine name with a human name, and of a superlative epithet with a divine name." What happened subsequently was the building up around this incident, trivial in itself, of one of the most formidable theologic myths of medieval Christianity. "And had the myth been formulated by a papal council," W. H. Schoff² points out "... the western world might today be expected to uphold it as an article of faith."

¹ Bull. des Corresp. Helleniques, 1907, Vol. XXXI, pp. 5-19.

² Open Court, Vol. XXVI, 1912, p. 532.

A NEW READING OF TENNYSON'S "THE LOTOS-EATERS"

BY MARGARET K. STRONG, M.A.

It was Tennyson himself who said, "Poetry is like shot-silk with many glancing colours. Every reader must find his own interpretation according to his own ability and according to his sympathy with the poet." These words may be in some measure justification for finding in *The Lotos-Eaters* the description of a psychoanalytic process which could be possible only in relation to our most modern mental clinics and which is without question an anachronism as attributed to literature first published in 1833. But "Poetry is truer than fact" and *The Lotos-Eaters*, to those who read it so, is the true presentation of the conflict of a dissociated personality. In the accustomed symbols of psychiatry the poem presents the emotional experience of the neurotic carrying you with him from trough to crest of the "mounting wave" and back again. It is the story of a failure.

THE INTRODUCTION

Preliminary to analysis, the conflict of dissociation is confined to the subconscious, and it becomes articulate only in the Choric Song. The sea has done its worst and the sight of land calls for courage, courage versus despair, the despair of the patient unintelligently aware of his plight. Even as he sights land, he sinks moon-struck, down into the trough of dissociation, the sensuous indulgence of memory,

Breathing like one that hath a weary dream.

Meanwhile

the slender stream

Along the cliff to fall and pause and fall did seem.

Life is made up of streams, of wavering lights and shadows, a gleaming river, an eternity of sunset on the unrelenting silent snow, and overtopping the valley as the dominant note, stands the shadowy pine, sinister and ominous.

In despair, the neurotic takes refuge in the illegitimate, whether fact or phantasy. Tempters crush about the keel, dark-faced and pale, mild-eyed and melancholy, and give of flower and fruit in a land "where all things always seemed the same." Child and wife and slave are sweet but only dreams and far away. Now is the voluptuous time and the struggle home is hateful. "We will no longer roam."

THE CHORIC SONG

By the device of balanced stanzas, Tennyson presents in the Choric Song the antithesis of a dissociated personality, unreconciled; indulgence versus struggle, sensuality versus rationalism.

I. No words but the poet's own can express the all-pervasive luxury of this first stanza. Sweet music, blown roses, and night dews, the richest indulgence! Even with granite walls to left and right, there is a gleam ahead, as the patient is drugged in sensuous memory, cool mosses, long-leaved flowers, and the poppy that puts to sleep.

II. But, in stanza two, the somnambulist awakes. The dream is forgotten, the neurotic is torn with conscious struggle and rebellion.

Why should we toil alone,
We only toil who are the first of things,
And make perpetual moan.

Joy is denied us, despair is the human lot,

Still from one sorrow to another thrown.

The self is in revolt and concludes

There is no joy but calm.

III. The only relief is in dissociation and back the patient sinks, deep into "the middle of the wood."

IV. But submersion is not the solution. The effort of the neurotic is toward a reconciled personality and in the fourth stanza, the revolt is renewed:

Let us alone. What is it that will last?
All things are taken from us and become
Portions and parcels of the dreadful past.

Within this "dreadful past" is the nucleus of the complex, the confusion of personalities which analysis is trying to solve. But the victim cries

Let us alone. What pleasure can we have
To war with evil?

V. And so again from crest to trough! Childhood obsession has
conquered and is sweet, a mild-minded melancholy.

To muse and brood and live again in memory
With those dear faces of our infancy
Heaped over with a mound of grass,
Two handfuls of white dust, shut in an urn of brass.

VI. It is a losing game. The struggle toward home and a reconciled life is only half a struggle,

Let what is broken so remain.
The gods are hard to reconcile
'Tis hard to settle order once again.

Fatalism is winning over faith and the hero is going under.

VII and VIII. The poem is the story of a failure and the catastrophe is pictured as succumbency, even under the shadow of the sinister pine. The idealist is lost in a Lucretian philosophy. The gods, aloof from all human interest, recline in hard-hearted repose, and why should man alone struggle for truth and understanding?

Surely, surely slumber is more sweet than toil, the shore
Than labour in the deep mid-ocean, wind and wave and oar;
Oh, rest ye, brother mariners, we will not wander more.

ABSTRACTS

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Abstracted by

BY SMITH ELY JELLIFFE

1. Open Letter. FERENCZI, S.
2. Editorial.
3. Obituary. PUTNAM, J. J.
4. One of the Difficulties of Psychoanalysis. FREUD, S.
5. On the Character and Married Life of Henry VIII. FLÜGEL, J. C.
6. Freud's Psychology. BRYAN, D.

7. Review of Recent Psychoanalytic Literature in English. READ, C. S.
1, 2. *Open Letter and Editorial*.—In these two short communications the purposes of the founders of this new magazine to be devoted to psychoanalysis are set forth: The Journal is directed by Freud, edited by Ernest Jones of London, is to be published quarterly, subscription price \$6 per volume at 45 New Cavendish St., London, W. 1, England. It is in strict alliance with the Internationale Zeitschrift für ärztliche Psychoanalyse, which can no longer fulfil its function as an international organ in the sense primarily organized, hence the new journal will contain the proceedings of the various branches of the society as well as publishing original matter from various sources. Its editorial program announces that it will devote itself to psychoanalysis and kindred subjects. It will contain clinical articles and related psychoanalytic studies in literature, education, mythology, philology, anthropology, and so on.

3. *James Jackson Putnam*.—This is an appreciative and valuable obituary notice of Dr. Putnam, particularly in relation to his work in the psychoanalytic field. It contains a complete bibliography of his psychological writings.

4. *One of the Difficulties of Psychoanalysis*.—Freud here contributes a study bearing upon affective difficulties to sympathetic reception of psychoanalytic principles. For those not acquainted with the development of the libido theory he restates its fundamental formulations. Hunger and love being taken as representatives of the instincts which

ensure self-preservation and race propagation respectively, psychoanalysis distinguishes between the Ego-tendencies, as representatives of the former and sexual impulses, of the latter. The mental aspect of the sexual instinct, is termed Libido, and is analogous to hunger, desire for power, etc., in the sphere of the Ego-tendencies. Neuroses, according to this point of view, then are considered as specific disturbances of the sexual function. The greatest therapeutic successes have been in those classes of neuroses that arise on a basis of a conflict between the ego tendencies and the sexual tendencies. For, in mankind, it may happen that the demands of the sexual impulses, which extend far beyond the individual, appear to the ego as dangers threatening its self-preservation. When that is so the ego takes up the defensive, denies the sexual impulse the wished for satisfaction, and forces them into those bypaths of a substitutive gratification which constitutes the nervous symptoms. This formula has been attacked by uninformed opponents on the ground of an exclusive one-sided presentation of the facts of nature. Freud again states what is known to any one who cares to know that this is not so. Other factors are well recognized. Just under what conditions they may be studied or valued are problems of a different nature. The Libido is first attached to the Ego. When bound up with the ego the state is termed Narcissism. In the healthy individual development the libido passes over from the Ego to objects of the outer world. The Object Libido stage has been reached, but the libido is always partly bound with the Ego, or more dynamically stated the libido may stream to and from the Ego to the Object, not absolutely but relatively. This mobility is essential for full development. Freud then goes on to trace how mankind's self-love, his Narcissism, which is natural for the infant and for primitive man and to which may be ascribed his belief in the omnipotence of his own thoughts and his procedures to influence the environment by various types of magic, has in the course of cultural history been badly wounded by the results of scientific research. The first "Cosmological" blow was suffered when man was forced to recognize the earth's comparatively insignificant place in the universe and that it and its inhabitants were not the center of all things. Then came a second blow, the "Biological" one, chiefly through the influence of Darwin, that man himself was no different from all other forms of living animal. He had denied to the animal any reasoning power, arrogated to himself an immortal soul, pretended to a divine descent. All of this development was of later pretentious development, as it is not a natural attitude of the child or primitive man. When Darwin and his collaborators put an end to this presumption and showed that man is himself the outcome of an animal series this second blow to human narcissism was felt. The third blow is a "Psychological" one, and is the most painful. However humbled he may be externally man feels himself to be sovereign in his own soul.

The Ego is confident of itself. It knows all about itself and its will can penetrate everywhere to exert its influence. But then come the neuroses, the psychoses. The Ego feels itself uneasy; it comes across limits to its power in its own house. Impulses come which must be denied. The Ego disowns them. It calls them Disease; a foreign invasion; and whereas man may have passed slightly out of the stage when it calls them the "penetration of evil spirits into the mind" it still employs related expressions as "Degeneration; Heredity; Constitutional Inferiority." Psychoanalysis here says to the Ego, as a result of its hard work, "Nothing foreign has entered into you: a part of your own mind has withdrawn from your knowledge and from the command of your will. That is why you are so weak in defending yourself. You are fighting with one part of your strength against the other part, and cannot gather up your whole force as you would against an outer enemy. You overestimated your strength when you thought you could do what you liked with your sexual impulses and did not notice them or their aims. They have rebelled, they claim rights, they take paths of expression, the symptoms of your neurosis, or discontent, the nature of which you are not able to recognize as products of your banished impulses and you do not know they are being gratified in substitute forms. You believe your consciousness knows all. But this is an incomplete knowledge and like the ruler who learns only through his officials and not from the people, you cannot avoid falling ill. Psychoanalysis would teach the Ego that it is not master in its own house. That the life of the sexual impulses cannot be wholly confined; that mental processes are in themselves unconscious and can only reach the Ego and become subordinated to it through incomplete and untrustworthy perception. This whole reversal of the values of conscious appraisal as against unconscious forces—this has been a third great wound to the narcissism of mankind. He really does not know what kind of person he is and conscious symbols are only too often specious substitutes of neurotic strivings.

5. *On the Character and Married Life of Henry VIII.*—This long and highly interesting article on the married life of this much married monarch affords an excellent historical as well as psychoanalytic résumé. Froude, as quoted, says that a single misadventure of such a kind might have been explained by accident or by moral infirmity. For such a combination of disasters some common cause must have existed, which may be, or ought to be discoverable. This the author has set himself to do, to find that common cause in certain constant features of Henry's mental life and character, the proper understanding which concerns the psychologist as well as the historian. He disclaims any dogmatic attitude and in view of the immense amount of historical material which has accumulated, he claims tentative conclusions only. Knowledge of Henry's early life is very slender. In view of the stress

that psychoanalysis lays upon this period, it is unfortunate. Certain factors in moulding the form of the boy's Oedipus complex are sketched. The father's victory over Richard III, his ending of the war of the Roses, by conquest and by marrying Elizabeth of York, thus uniting the rival royal houses that had caused the war and his 24 years of power as monarch gave him a definite and distinctive place in the son's wish for power. This Flügel first traces in its displaced form to his older brother Arthur, five years his senior, who was his most obvious rival for the throne. Arthur married Catherine of Aragon. Henry, then only ten years of age, led his sister-in-law—and future wife—to the altar in the wedding ceremony. Arthur soon died of the "sweating sickness" [epidemic influenza]; thus leaving Henry successor and a legitimate target for Spanish hopes regarding the young widow—notwithstanding the laws against "dead brothers' wives." Disputes over dowry arose, Henry VII became a widower, ideas of marrying Catherine himself were projected, adding a definite sex element of rivalry with the father, but this all quieted down under contract that Henry and Catherine should marry when he was 14. Isabella of Castile dying changed the whole political complexion and when Henry was 15 the whole contract was repudiated. At 18 the young prince was still unmarried and his father dying exhorted him to carry out the old project, make war upon the Turk, uphold the Church and get rid of his rival of the "White Rose" contingent. All of these he did—"postponed obedience"—and at 18 he married Catharine. "Enabling him in this way, to combine a conscious obedience to the behests of filial piety with a realization of unconscious desires connected with hostility and jealousy towards his father and brother." These egoistic and venerative motives can be fairly well traced in his later career. The early married life of the couple seemed to have been happy, but no son or heir arriving, and Catherine's gradually developing father fixation making her more and more pro-Castilian, caused a mounting friction between herself and her husband. Furthermore scruples began to arise in the king's mind whether or not his having no male heir to the throne might not have been a punishment for his illegal (ecclesiastical law) marriage with his brother's widow. Thus his Oedipus complex began to work unconsciously towards his separation from Catherine, aided possibly by his definite physical longing for Anne Boleyn. Mistresses are known also in this period, they too, according to Flügel possibly having been chosen in part through the unconscious since their names, Mary and Elizabeth, were those of his mother and younger sister. There are other "name" overdeterminers also mentioned by the author. The separation from Catherine was sought on the ground of its incestuous relationship, although the second marriage contained quite similar factors. Catherine was Henry's sister, a brother's wife; Anne was equally his sister since her sister Mary had been Henry's wife (illicit). Hence the ecclesi-

astical juggling had to meet this dual situation—as the author points out quite a well known feature in neurotic construction. Six years were taken in the divorce and the breach with Rome was one of the issues. This long thwarting of his wishes also seemed to have accented the conflict between his egoistic and venerative trends, and the long held father conditioned religious leanings became secondary to his egoistic trends. He would defy the Pope, get his divorce, have his ex-communication, and set himself up as Head of the English Church. The egoistic motives triumphed, he triumphed decisively over the father in the *Œdipus* sense. From this time on the expansion of his Ego began to take place. He became despotic. Among other consequences Wolsey's fall may here be sought. His Jehovah complex found further expression in his destruction of all of the possibilities of religious rivalry. He had supplanted the old Gods. The divorce was obtained and Anne had practically forced the king to marry her; even though pregnant by him she realized his general fickleness. And as soon as he had her he ceased to want her, a feature which the author would accent as a general character of Henry's complex situation. This manifestation of the mother fixation [a very wide manifestation in present society], was a determiner of his fickleness—obstacles to his sex wishes were essential for their value. When overcome the objects were less desirable. Anne's child was a daughter [Queen Elizabeth to be], and this added to Henry's discomfort. Three mistresses are known in this period; the last, Jane Seymour, seemed to have aroused a genuine love. Catherine now died and Henry being free from Anne would not reestablish her so the old "incest motive" returned. Anne was put to death on the [historically baseless] ground of treason and her marriage declared invalid. The next day following he married Jane Seymour. Among the charges made against Anne was one of incest with her brother. This the author would point out was the working out of Henry's own wish, this time handled by the projection to Anne, rather than in the case of Catherine by horror. His unconscious brother hatred now returned in his fears lest he should lose his throne to a brother, thus making another determiner for the brother incest charge against Anne. Other brother substitutes appear at this time, thus Norey's inclusion in the plotting, and further the rules laid down by Henry that only by royal permission should marriage in his immediate family take place, thus excluding all sexual rivals in his own family. It is also here pointed out that his third choice, Jane, was also within the sex taboo as to blood relationship. Cranmer dispensed with the canonical bar on the basis of consanguinity of the third and fourth degrees. To the well known psychosexual tendencies (1) The desire for (and hatred of) a sexual rival; (2) the attraction for (and at the same time the horror of) an incestuous relationship, is added a third psychosexual factor in Henry's case. "The insistency on chastity in the

consort." Anne had accomplished through her refusals what she wanted. Jane Seymour was even more rigid. She even refused the king's presents. The ambivalent Oedipus conditioning is here again manifested. Jane Seymour died 16 months after her marriage, leaving a son (Edward VI). Two years later Anne of Cleves became his wife. In certain of the intermediary marriage projects the influence of Henry's psychosexual character appear. Thus *Mary of Guisé*, affianced to a *nephew*, provides a *name* and a *rival* example. His marriage with Anne of Cleves was not a success. It was politically determined apparently, and the rapid shift in politics made it an unnecessary convenience. The marriage was declared null and void. His psychosexual tendencies however appeared through the mask of the political opportunities. Catherine Howard now enters and there was an apparently happy union for a year and a half. The chastity motive however entered here to break up the situation. The guilty parties were executed after Henry had gone through an extremely neurotic series of manifestations; clear evidences of his repressions. So long as his unconscious wishes for a lewd partner were kept unconscious he was satisfied, but when they came to consciousness he was overcome by his grief, shame and anger. New enactments followed to attempt to insure the value of the chastity motif; enactments which now had become almost joking matters in Henry's surroundings. His last venture was Catherine Parr, a second time widow. She was chaste, yet had had sexual experience, furthermore was being sought by Henry's brother-in-law (family sex rival) Arthur. Her name, Catherine, is here called in service as a determining factor. This marriage apparently was a happy one for over three years, when the king himself died. The author terminates this very interesting article by a short discussion of the validity of the psychoanalytic principles in their application to historical study.

6. *Freud's Psychology*.—Dr. Douglas Bryan contributes the first of a series of elementary didactic articles on the Freudian psychology.

7. *Review of Recent Psychoanalytic Literature in English*.—Stanford Read here offers an exceedingly valuable and full critical digest of the 1914-1920 literature on psychoanalysis by English observers, nearly 400 titles coming under review.

8. *Reports of the International Psychoanalytic Association*.—Complete this first issue of what promises to be a very valuable addition to the periodic literature of psychoanalysis.

IMAGO

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ABSTRACTED BY LOUISE BRINK

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1. Reflections on War and Death. SIGM. FREUD.
2. Oedipus at Colonus. EMIL LORENZ.
3. The "Play" in "Hamlet." A Contribution to the Analysis and to the Dynamic Understanding of the Work. DR. OTTO RANK.
4. Some Relationships between the Erotic and Mathematics. DR. H. V. HUG-HELLMUTH.

1. *Reflections on War and Death.*¹ Freud here probes beneath the illusions upon which our confidence in civilization is based to discover some meaning to the phenomena of the war. It seemed, he says, that civilization had advanced beyond the possibility of war between leading nations, at least of any war other than a mere chivalric matching of strength ameliorated by all the arts of civilization. Instead the reverse proves true. Perhaps, Freud suggests, the moral standard of individual and of nation is not a so well constructed part of our inner fabric as we have believed. It is largely imposed upon the individual by the nation and adhered to by the latter because it is expedient. Then if the nation finds the opposite course more suited to its immediate ends the adoption of such a course loosens also the restraints toward morality imposed upon individuals. The sacrifices which morality had entailed is now refused by the state and the individual quickly follows suit.

Freud says, in regard to the weakness of moral restraint still apparent, that our illusion of morality has prevented understanding of the actual affective factors underneath the external attitude. The deepest character of man consists of elemental impulses in themselves neither good nor evil, but the expression of primitive needs. These meet with inhibitions, diversion, they unite, seek different objects, in part turn against one's own ego. In so doing they give rise to reactions which appear so different from the original impulse that the latter we believe

¹ Translated by A. A. Brill and Alfred B. Kuttner. Moffat, Yard and Company, 1918.

to be quite changed. Instead there remains an ambivalence of feeling which can be seen in the antithesis of love and hate, even both directed toward the same object. An inner force which has come to be congenital transforms the "evil" impulses, through the power of erotic elements into social impulses. Added to this is the social influence from without which indeed has always had its influence upon the inner compulsion toward the transformation. Love premiums toward which this transformation tends are supplemented also by another sort of inducement, that is rewards and punishments. Obedience to the latter may obscure the fact that relatively few have attained a real transformation of impulses. This has led to the setting of too high a standard, inducing people psychologically to live beyond their means.

The true state of the impulses is only suppressed, not altered. This suppression may then have as a secondary result a neurosis, in the sexual field, it may result in distortion of character or in readiness for direct forcible manifestation of the impulses when opportunity offers. There is a certain amount of hypocrisy therefore in society which is probably indispensable at least until there has been a more extensive transformation of impulses in man generally. It must also be remembered that while transformation can be made upward, the psyche retains also a co-existence of previous stages along with the transformation. Then if such influences as those of war are brought to bear there may be a transformation downward, a permanent or only a temporary regression.

The world was also brought face to face with death in the war, in a way to which it was not accustomed. All men deny death in the unconscious and in every way they lay stress upon this inacceptance of its verity. Through the drama, fiction, any means we accept it vicariously thereby denying it for ourselves. But the war compelled belief in it. Through this fact life gained a new significance but yet, especially for those remaining at home, death had to be viewed in regard also to the loss of loved ones.

Primitive man both recognized death and denied it, putting its positive acceptance over into the killing of his enemies. But then as he reviewed the dead bodies of his loved ones he was oppressed with ambivalent feelings because even a loved one is at the same time a friendly and a hostile being. He was bound also to accept death for himself because it touched those close to him. His consciousness of guilt arising from a sense of pleasure associated with the feeling of hostility in his relation with the departed one transformed into demons the spirits in which he personified the other attitude, the denial of death. His denial of death went still further into the most elaborate dreams of a future life. Laws against killing probably arose against the unconscious murder impulse and the satisfaction obtained from the death even of loved ones.

The unconscious like primitive man denies death to self, yet at the same time wills it to enemies. Our jests, or half humorous imprecations reveal what a band of murderers we are, ready to kill on the slightest provocation. The clash of the two attitudes toward death also results in the neurosis. At the same time these opposing tendencies of hate and love infuse greater energy into love as a reaction against the hate, and therefore bear healthy fruit. War however again strips off the later deposits of civilization and allows the primitive to reappear. It makes heroes through denial of one's own death, it allows the death wish to become active toward the enemy. Thus again war brings the knowledge that we are not sufficiently advanced toward death, that in this too we are living psychologically beyond our means. Therefore Freud ends with the thought that in regard to death as in regard to the impulses of the unconscious and their strength, we need first more honesty. Life may be more bearable, the likelihood of the overthrow of our social order less if the truth about ourselves is a little more taken into account.

2. *Œdipus at Colonus*.—Lorenz seeks for the motive which could have drawn Sophocles, at the age of ninety, to write this tragedy. For here appears again the figure once before so impressively treated. "An old man," writes Lorenz in summarizing the drama, "clad in filthy rags, burdened with the guilt of father murder and of incest, avoided with horror by all men—now sought by two lands, a blessing to that land that shall contain his bones; this contradiction is well worthy of being submitted to a very penetrating psychological interpretation." For now after long years of exile Œdipus seeks refuge in Attika, and a place for death promising blessing thereby to the land. At the same time he is sought for by Kreon of Thebes to be brought as near as possible to the borders, entry into which is forbidden him forever. An element introduced into the tragedy that reveals the hostility between Œdipus and his sons may be occasioned by the quarrel between the aged poet and his son. Love and hate, desire and escape, sin and atonement are factors probably in the poet's life as in that of the character of whom he writes. Still deeper in the unconscious must meaning be sought for the chief theme, the protective power of the hero's grave to the land that shall harbor it. Beside this there is his mysterious death, his sudden disappearance in the sacred grove, which means also his union with the earth. It is not enough merely to relate this to the incest complex, of which Œdipus stands as the example.

The bringing of blessing stands in direct contrast to the blasting effect of his presence upon Thebes in the earlier drama, "Œdipus the King." The change is not to be found in a change of heart conceived in Œdipus according to a modern idea. The character of Œdipus does not change. He can only still accept his helplessness against the will of the gods. The motive is a mythical one. The disappearance in the earth

may be met with in many forms connected with the idea of the earth as the mother. In this light both *Œdipus* dramas show these themes, blessing and curse of the presence of the hero, permission and forbidding of return to the mother.

The ambivalence of the motive is in evidence not only in the two dramas but in the story which precedes the former. There also in solving the riddle of the Sphinx *Œdipus* brings an end to the evil abroad in the land and then he marries the mother Jocaste. That is, he first overcomes the "fearful mother," the forbidden object, and the marriage that follows continues for many years before evil appears again. The incest seems therefore to be of different significance subjectively to the hero and in his outer fate. The libido continues fixed upon the infantile. Phantasies arise in different forms at different periods of life which are related to this fixed libido. At the same time they are related to the different experiences of the changing periods of life. The new appearance of such phantasies in any form will be symptomatic of the sinking of life's forces, a withdrawing from reality.

Œdipus in the later drama reveals need for rest. The sexual element has disappeared from the incest wish, the uterine longing remains.² The latter phantasy however has features which lead over to incest phantasy. The protective virtue then accruing from the presence of the grave of *Œdipus* rests upon a symbolic marriage of *Œdipus* with the earth.

Lorenz refers to the wealth of gathered material in regard to promotion of the earth's fruitfulness through the magic influence of the sex act or its symbolic equivalent or through use of a phallic symbol. *Œdipus* occupies a middle place between these two customs. The idea of the living sacrifice utilized at the building of a single structure or a city is also present in the drama. Such a sacrifice must be slain in order to free the magic power it contains. It has been maintained that *Œdipus* is an ancient god of vegetation and in this way associated with Demeter, the explanation for which Lorenz quotes. Sophocles did not thus treat his hero however but as a human being who had become the transgressor and yet who still revealed the ancient significance of the bringer of blessing. Here with the renunciation of reality, of ability to carry out the wish activity, the forbidden character disappears. The aged poet, at the end of life, has chosen this theme to justify in himself as well as in his hero the desire to forsake the world and deny reality by bringing this mood into connection with the idea of promoting fruitfulness or providing protection. The earlier drama expresses the defense against incest in all its penetration of the psyche. It is a defense on the part of the poet against dangerous attacks of weakness and

² The writer refers to a former discussion of the latter phantasy as a symptom of denial of the reality function. "The History of the Miner of Falun," *Abs. PSYCHOANALYTIC REVIEW*, VIII, 2, p. 189.

weariness in meeting the demands of reality, which probably beset him in middle life. Now these protests are stilled. The hero may now enter the grove of the Furies, which otherwise is forbidden to all

The strong erotic idea bound with death lies in the negation of reality which entices with a promise of pleasure fulfilment and leads back to the mother. Since however one cannot eternally desire negation, rebirth appears as a reverse motive, rebirth through procreation in the desired womb. This element is figured in the drama through the "Thorician rock" and the "hollow pear-tree" to both of which phallic qualities are ascribed, and to the pear tree the ability to quicken failing sex power. A stone is besides symbolic both of male and female genitals. There are also the symbols of the bronze threshold and the hole which symbolize too the idea of rebirth attached to the longing for death. The noise of thunder claps forms a connecting link between these symbols.

3. *The "Play" in Hamlet*.—Rank attempts to show that this much discussed "play within the play" becomes the chief point in the complicated machinery of hindrances and procrastinations through which Hamlet's action upon his uncle is delayed. The arrival of the players brings Hamlet to the realization that so far he has only "played" with his task in his feigned madness, feigned in order to obtain time for consideration. Yet he does not act but conceives the idea of utilizing the play to bring the king to self betrayal. In this way too he will silence his own doubts as to the trustworthiness of the Ghost's testimony. That this still does not impel him to action shows how deep are the inner unconscious grounds for his scruples and delay.

The "play" has a still deeper significance in its relation both to the hero and the poet himself. First, like resort to drink, the play shall re-incite the youth to revenge, a stimulus of which Hamlet repeatedly shows the need. The pantomime between the prologue and the words of the play, which Hamlet himself prepares, forms a milder, merely pictorial reminder of the task lying upon the young man. It corresponds thus to the dream picture or phantasy. It too fails of its purpose. The chief reason for this lies in the fact that the play does not represent only that which shall incite Hamlet to action. It becomes instead a substitute for his death wish toward his uncle so that he cannot carry out his action. What he should have done is already done in the play and he allows this to take the place of action.

Hamlet's outcry during the play reveals his own identification with the murderer. This goes still deeper into the ambivalent attitude toward the father by which the murderer carries out the child's own infantile wish. This gives him an enthusiastic interest in the presentation of the play and leads him to a wild mood of triumph as it closes. Triumph over the death of the father expressed itself under the mask of circumventing the murderer. Thus Hamlet too is betrayed in unconscious guilt. His obscene speeches to Ophelia immediately after reveal that he

feels the way to the mother now free. Hamlet's words at the close of the second scene of Act III show the strength of the wish for the mother as an incentive against the father. But hindrances spring up here against the carrying out of such a wish. On his way to his mother's room he encounters the king—but finds excuse not to kill him. Then in the queen's room he is interrupted again by the listening Polonius. Him he can kill as a half admitted partial substitute for the king, for which however he later atones at the hand of Laertes. The re-appearance of the father's ghost just before this proves that the "play" had not been enough, the vengeance was yet actually to be taken. The praying uncle, the ghost, Polonius are three father figures who disturb him in his approach to the mother. Polonius disturbs him also in his relations to Ophelia, the mother representative, as he interferes also with Ophelia herself. Her obscene outbreak in her madness reveals the suppression that had been laid upon her. Rank touches interestingly upon her identification in her psychosis both with her lover and her father. He mentions also her loyalty, contrasting with that of Hamlet's mother.

The listening of Polonius in the bedroom of the queen represents, Rank believes, the spying of the child upon the parents. This again is carried out through the watching of the play. The sexual act is moreover symbolized there by well-known symbols, the dropping of poison into the ear, the mention of the serpent. The parental sexual act is thus treated in disguise, the punishment through the son is more freely represented. The childish sadistic conception of coitus is contained in the stipulation that the murderer shall be killed in his sleep—and in the play the murder is thus accomplished. Hamlet's lying in Ophelia's lap during the play while he addresses obscene words to her is a substitute for the sexual act with the mother.

This "play within the play" serves the same purpose for the dramatist and his audience that it does for Hamlet in that it takes up certain infantile wishes and gives them expression. It performs in its own special way what the larger play does for dramatist, actor and audience.

4. *Some Relationships between the Erotic and Mathematics.*—Hug-Hellmuth reports some findings in a research into the field of mathematics which show that even this highly abstract science has its inmost roots in the erotic. Testimony for this is most evident in the mathematical theories of ancient peoples. These peoples expressed the idea of number figuratively. The Egyptians used the vulture as symbol both of motherhood and of a unit of weight, showing thus the idea of unity as the source and mother of all else. This concrete conception of the number one pertained for centuries. All numbers were first conceived as symbols of definite things and so received certain attributes from these things.

Hug-Hellmuth quotes from certain works on the cultural history of

mathematics to show how such concrete meanings were attached to numbers of the Pythagoreans and all other schools of ancient mathematics. Numbers according to whether they are even or odd are of the earth earthy, or pure and heavenly. The joining of these digits represents completion, the universe. Thus man follows his sexual interest, first from the mother unity as the source of all, and then further in the sexual union. For the former, the original unity, there exists the reverence, the fear, which in reason is expressed by the impenetrableness of that which is beyond reason, in the feeling life the awe of the place of origin, or the "place of the mothers."

Attention is called to the phallic symbolism in the Orphic poem of Pythagoras, the ideas of arising, becoming, bearing, passing from the original unity over into the holy number four. The creator spirit is represented in Phanes who, joined to the night of the inner world, creates light and divides the universe between gods and men. In this conception, it is pointed out, the various numbers play their significant parts varying from the more concrete relations of marriage and reproduction to larger cosmic conceptions. The French mathematician M. Vincent is quoted as discussing certain sexual symbols in names and signs for numbers which coincide with psychoanalytic discoveries in symbolism. His interpretation of the symbol for nine as an ithyphallus and so a symbol of masculine power is supported by the conception of nine as the square of three, three being in turn the union of the male and the female principle. The square the Greeks already named the "power" of three.

Medieval thought sought to arrange numbers under the good and orderly—including the number of the beatitudes—and the disorderly, the unhappy, and further to relate their meanings to the other mystic numbers in the Bible.

Individuals reveal the place that number symbolism has retained in each one's psychic life, as the writer illustrates both from her own childish conception and that of others, as well as from traces of this retained in certain current expressions referring to numbers. Certain superstitions also show the existence of such symbolism in the folk mind, while dream analysis strikingly attests it. Mention is made also of the large part the "magic square" has played in antiquity and the Middle Ages.

It is but natural that aside from its practical relation to the needs of daily life mathematics should have its relation to the deepest instinct of life. Where this has not yet fallen under the repression of today the feeling and intellectual life are more closely blended and both find their origin in sexual and erotic ideas. Examples from Arabian mathematics show how openly the concretely erotic is interwoven in the very problems of the class room. References of the same sort, less frankly open, enlivened the tedium of learning in Europe of the ninth century

and later. Problems given in a textbook of the thirteenth century show the exceedingly concrete nature of mathematical thought and its close relation to the absorbing problems of death and the origin of life. Certain problems also reveal a strong sadistic tendency in the form in which they are put, an element which later becomes much softened in expression.

The personification of science to which the learned devote themselves as to a woman arises out of the constant association of the concrete with the abstract. This is met with in the Orient and also in what is known as the "Margaritha Philosophica" in which both arithmetic and geometry are represented as feminine forms. In these, as Hug-Hellmuth describes them, are seen again the symbolic meanings already mentioned. Geometric terms, she reminds us, show in themselves distinct reference to things pertaining to the sexual, chiefly in names belonging to parts of the body. References to the triangle are richly indicative of its significance as a female symbol.

Modern writers have not entirely excluded recognition of the close relationship between the sexual instinct and the science of mathematics. Can it then be doubted, asks the writer, "that every product of the intellect has been formed on the road of repression and highest reaching after sublimation?" Sometimes this is more evident, but more often "the veils under which science hides its secrets are thick and impenetrable to superficial observation."

Miscellaneous Abstracts

El Psicoanálisis en la Escuela (Psychoanalysis in the school). By HONORIO F. DELGADO. *Revista de Psiquiatría y Disciplinas Conexas*. Lima, Peru. July, 1919, Vol. II, No. 1, pages 48-60.

The progress of mental hygiene in the school calls for the use of psychognostic methods as a constructive factor in education, the purpose of which is the conservation of the vital interests of the child. Not only should a careful and solicitous auscultation of the child's lungs be made (a duty falling to the medical inspector), but an auscultation, so to speak, of its mind, which is the most valuable and delicate organ the child possesses and the one capable of highest development. Psychoanalysis is the instrument to be used to this end, and its systematic application will be of extreme value in the following directions: (a) as a curative treatment for psychic disorders already established or in a nascent state; (b) as a prophylactic measure, especially where there is pathological predisposition; (c) as a means of securing adaptation to conditions of life; (d) as a means of increasing the efficiency of the personality; (e) as a means of developing character; (f) as a means of sexual education; (g) as a means of moral education; and, (h) as a

means of rendering the individual capable of attaining the greatest happiness possible to him. The necessity for psychoanalysis in accomplishing these objects and its efficacy therein is treated at length in the original text.

The form of psychoanalysis which it is proposed to incorporate in pedagogic technique is the method based on the principles proved beyond all doubt and positively established by experience, in the work of Freud, Adler, Jung, and others. This method may be applied to pupils in the measure required by individual necessity, and always with discretion and tact. In some instances, possibly, the psychognostic method employed may not be the Freudian analysis, but merely psychological analysis; or the conduct of the pupils may be simply guided by psychoanalytical critique, without psychoanalysis strictly so-called.

The systematic use of psychoanalysis in the schools would necessitate specialization in this branch of the science, together with extensive preparation in psychological and psychognostic directions, as well as the education of teachers in the theory and practice of psychoanalysis (beginning with autognosis—the most necessary qualification for the teacher). Physicians should undertake the analysis of the pathological cases and those in which teachers would find their intervention necessary. Teachers, for their part, should make systematic annual examinations of all class members, and additional examinations whenever the condition of class members seemed to call for them. Both physician and teacher, of course, should impress on each class member how necessary it is for him to make the best use of his moral and psychic forces and to strive toward the highest mental and social development in harmony with his actual necessities, experiences, and personal problems.

In the text which embraces a communication sent to the Second Children's Congress, held in May, 1919, at Montevideo, is set forth a plan for organizing this new undertaking in schools, the adoption of which in Latin-American countries is strongly urged.

AUTHOR'S ABSTRACT.

A Study of the Socially Maladjusted. L. PIERCE CLARK, M.D., pub. in Medical Record, July 3, 1920.

The author outlines with considerable detail just what group of mental invalids he includes in the term, the socially maladjusted. This term is analogous to what Meyer has recently designated the constitutional psychopathic inferiors. Psychologically they constitute the group of normal dull persons who possess marked emotional instability, manifested in a weakness of will in all human activities. Mental development in the majority of cases is mediocre. As is well known, they are often vivacious and know how to use their limited intellectual powers to the best personal advantage. They lack continuity in work, grow easily weary, and are unable to complete any course of education.

Though they may possess confidence and have great expectations, their usefulness in life is gradually lost, both in the home and society as a whole. Most frequently they are first encountered by psychiatrists in hospitals for the insane, where they may have been placed while suffering from a short period of transitory confusion. They are seen in the courts as a result of some antisocial act; and in the clinics when attempts by relatives to stabilize them have proven of no avail.

The author gives in detail a precise personality and character study of several cases, in which the abnormal trends are shown. From the parents' standpoint all these cases have been and must continue to be the source of keenest social anxiety. The author believes that nothing less than segregation or safe policing would bring any comfort to the relatives concerned. From the socially unstable's standpoint a flexible training system, moral and ethical, would meet the situation with comfort and possible happiness. Can all three demands, of society, the parents, and the unstables themselves, be met outside an institution? It may be tried, and often is. Success in such extra-mural training is perhaps too little reported and hence the specialist has grown to take too gloomy a view of a favorable outcome by such a procedure. Nevertheless the small percentage of the sum total of morons and socially unstable who may live more or less precariously in the average community life does not affect the issue for the socially unstable as a class, who, after a trial of extramural corrections, are only too often found incapable of safe or satisfactory social adjustment. Their greatest need is character-building. Practically no institutions exist that provide the community environment and ethical training combined with the amount of restriction suited to the individual need. It is one of the greatest demands of our time, and such an institution must, necessarily, possess many facilities costly to maintain. While trained psychiatrists should be at the head of such an institution, it must embrace teachers and trainers in all lines of human activities and interests. Its morale should be high and worthy of the fullest acceptance and coöperation of the public and interested relatives. To be really effective it should be under a large endowment and supervised by the state or some properly constituted authority. Until such an institution is established, the great problem of care, training and protection of these individuals will not be adequately met.

AUTHOR'S ABSTRACT.

A Psychoanalytic Interpretation of Group Formation and Behavior.
By THOMAS D. ELIOT. The American Journal of Sociology, Vol. XXVI, No. 3, November, 1920.

I

This is an attempt to apply some of the concepts of the analytic, volitional or biogenetic psychology to the interpretation of familiar phenomena of socialization.

Economic motives are often obscure because camouflaged. This camouflage is often an unconscious process.

The economic motive is itself complex: it is built up of various simpler motives rooting in instinctive mechanisms of behavior for which there is no release at present except through economic channels.

II

Personality is built up gradually by organization and mutual adjustment of the various flows of energy in contact with a flow of stimuli. Certain trends are subordinated to others, but these interests, even though submerged, secure expression by various compromises. There is an analogy here to the integration of the body-politic or so-called social mind.

Normal, conservative and radical types may be interpreted in terms of this formula.

III

Attention is apt to follow unfulfilled wishes or positive maladjustments. When an environment either stimulates or thwarts similar wishes in many individuals, the processes of group-formation ensue. Group maintenance, group growth, group interrelation, group composition, group competition, group amalgamation, group control, and sovereignties, group compromise, secession, and decomposition, group success, may all be interpreted in terms of wish-fulfilment mechanisms, often unconscious.

The complexity of motives and compromise in any large group is explained by the mechanisms of rationalization employed by the leaders or dominant faction in order to maintain solidarity and growth.

An imaginary church is analyzed to illustrate the many ways in which membership may appeal to various types of personality.

IV

Justice is a reconciliation of different people's wishes, more or less temporary, and largely measured by the standards or formulated wishes of the dominant group. Liberty and value may also be interpreted in terms of wish fulfillment.

Political, economic and moral theories arise as rationalizations of interest. Usually that interest is an economic one, but occasionally an economic motive serves as camouflage for sentimental motives, which may be still more at a discount socially.

Only where the economic motive is thought selfish or wrong is it apt to be camouflaged. Publicity is therefore as salutary for a corrupt society as is psychoanalysis for a tangled soul.

AUTHOR'S ABSTRACT.

*Some Mechanisms of Paraphrenia.*¹ By MARY K. ISHAM, M.D. Am. Jour. Insanity, July, 1920.

The author tells us that the study of personality takes us into an understanding of the mechanisms which function in every individual with more or less persistence, with greater or less intensity, and much variability. The human psyche presents itself as an exceedingly plastic medium for everchanging forms and these forms can be more clearly approached scientifically when they have become somewhat fixated. Freud has prevented us from getting swamped upon a mere matter of diagnosis or classification, by putting the emphasis upon the determinants, mechanisms and interpretation of symptoms. When he makes a diagnosis it is understood that he is simply giving a name to the most predominant or most persistent group of mechanisms, forms, patterns which the creative energy takes. We can see, then, how he can class paranoia as an independent clinical type, while recognizing that it is complicated by schizophrenic features. Schizophrenia or paraphrenia, on the other hand, may be complicated by the mechanisms of paranoia. According to Freud, the paraphrenic patient chiefly uses the repressive mechanism of hysteria, although unlike the hysteric he regresses progressively to the stage of autoerotism. Paranoiacs have carried along a fixation in narcissism up to a period of homosexuality and when a reaction to the defenses built up against the homosexual wish-fantasies takes place, the sublimation proves to be inadequate, or of a pseudo-variety, and what was inwardly suspended returns from without. This mechanism of the return from without is the peculiar process of the paranoic character. Another trait is the regression to narcissism, where first a pleasurable adjustment was made.

A paraphrenic individual, on the contrary, has not been able comfortably to pass through the whole transitional stage from self to object love and therefore later, when a troublesome conflict arises, he is finally thrown back to a lower stage, the autoerotic, where first a satisfying adjustment was made. If the narcissistic level was partially satisfying, fixations corresponding to these appear when insoluble conflicts occur in later life. In many of my patients I have found that lack of adequate realization during the period of narcissism often finds its environmental occasion in the remarks, whether stupid, critical, joking, indifferent, or simply informatory, of some person who calls attention to something in the child's appearance and thus starts a working into the child's consciousness from without of a counteracting force which causes a partial withdrawal of the child's libido into itself and away from the obstructing object. The child is just beginning to view personalities objectively, to establish boundaries between the self and not-self, and

* Read before the New York Psychoanalytic Society on February 24, 1920.

in such instances its outgrowing libido is sent back to within the boundary of the self.

The transitional stage of narcissism is included roughly between the ages of four and seven years, but in many persons is continued in whole or part much longer. In paraphrenics this transitional stage is never carried through with sufficient integrity to keep from bothering them in adult years. The individual is early checked from without. He may or may not be checked from without more than his companions are, but the effect is disastrous to him. He then forever seeks to remedy his deficiency, real or fantasied, and never believes himself free from the blemish. Many of these patients spend a great deal of time before the mirror trying to look into themselves the attractive feature which they are craving. They are truly like Narcissus forever seeking the elusive beautiful reflection in vain.

Besides the mental impress left by disparaging remarks (or those interpreted by the child as disparaging) made about children in their presence, another source of this blocking in self is found in a predisposition to a mechanism which is exclusively one of identification. The child identifies itself with persons in environment. It rushes toward others with a sort of fluidity and does not make distinct boundary lines between itself and other persons. If any of these arouse its pity rather than its admiration, somewhere at the last turn of the narcissistic stage when it is beginning to consider things objectively, it identifies itself with a pitiable object, from which it also shrinks, thus creating a constant conflict with both opposing forces in the unconscious. Since it cannot find pleasure in itself as a whole and satisfying object, it seeks one farther back in its own unintegrated personality or separate erogenous zones, or even goes so far back as the animistic level. Some persons do not rebound wholly so far back as the autoerotic, but fixate partially in the narcissistic, where there is conscious interest in special or general bodily sensations, rather than in erogenous zones.

In the fluctuating and billowing turn from narcissism to object love, there is a period in which the partial impulse of exhibitionism is very prominent. When an individual passes through his early partial impulses of exhibitionism with a painful idea of his own appearance, he will seek as a recompense a less acute contact with reality if predisposed to repression. He may do this as a partial method of escape, and yet at the same time continually seek to remedy the deficiency real or fantasied. On the other hand, if the pleasurable element of exhibitionism is unduly exercised through a feeling of favorable attention received from others, or even without this, by an aggressive thrusting of self upon the environment without regard for what others think or say, the delight in exhibitionism persists. This persistence of a pleasurable and definite objectification of self may take the crude form of a

perversion, or it may be manifested in more or less sublimated forms all the way from love of mere parade in public places to certain elements in the most consummate histrionic genius. In any event, some diminution or some increase of the stimuli to the showing impulse in this early stage naturally appears later in a transformation, modified according to experience.

Most of the paper is occupied with the application of a technique and explanations of some paraphrenic mechanisms complicated with other disturbances in a patient, aged 42, an ex-specialist and assistant professor of obstetrics. The patient was an unusually handsome woman who suffered among other complaints with a feeling of inferiority regarding her dark hair. She often remarked that all the women of her family except herself had beautiful blond hair, and no one could account for her dark hair. Her mother and aunts and sister had made this a frequent subject of conversation, and although she did not say so, she evidently received the impression during an early period of her life, that having dark hair made her inferior to other members of the family.

She had been married three times, but was unhappy in all three marriages, not on account of physical disability in any case, but because both she and her husbands found no pleasure in intercourse. They therefore tried to content themselves with spiritual relationships, which proved to be failures. With the third husband she lived in a continual state of alcoholism and nearly starved, until her family interfered.

Her capacity for sublimation is seen in her former success in a specialty. But that the sublimation had not been adequate is evidenced among other symptoms by her alcoholism. The process began to break down at this stage. The repressed jealousy and ideas of persecution, after undergoing a transformation through varied experiences, were then projected into her interesting delusions which took the form of theory. The theory of course needed proof and she was continually collecting it. She acted, however, *as though* it were true, a form of identification mechanism.

She always carried a large bag—a significant fact—filled to bursting with her voluminous theses on two subjects—one a proof of her descent from royal queens of several countries, the other, arguments in favor of the sexual functioning of the Purkinje cells. Since her ova did not function in their proper location, she said, they were absorbed by successive osmoses into the brain tissue and thence into the Purkinje cells, which supplied them with the necessary male element. When these cells were in labor, producing intellectual and spiritualized offspring, she suffered from intense headaches.

The descent from royalty was not traced in the regular genealogical way, but through blond-haired women. That she herself was black haired was due, she said, to *evil wishes against her mother* by a jealous contestant of the throne during the time when the mother was pregnant

with her. She said that physical love was impossible for her on account of this curse, from which she begged so piteously to be delivered by blondining her hair, that we finally gave her permission to do so. She was very much happier after each blondining process. It temporarily reinstated her among royal blond-haired women and counteracted the curse of the evil wishes against her mother. It also greatly eased the headaches.

In the transition from self to object love during the period of narcissism there is a stage of development in which the libido does not find comfort in its own body sufficient. At first in this outward urge it has not reached a complete orientation toward the environment. It merely makes some gestures in that direction, one of which is the partial impulse of exhibitionism. Soon it learns by experience that in order to attain more pleasurable contact with other persons it must possess excellencies and attractions valued by others and the craving to satisfy the impulse of exhibitionism grows more in evidence. When the child in this stage, at the upper turn of the narcissistic transitional period into object love, receives an unfavorable impression regarding some part of its body, whatever the deeper meaning involved, it later seizes upon this impression of physical inferiority as a defense in times of psychic conflicts impossible of ordinary methods of resolution. So black hair, which had received emphasis in the patient's mind as an abnormality, was seized as the sign of a curse and an excuse for failure. Her libido then became partially and strongly fixated in this indifferentiated sex state of thwarted exhibitionism, although her actual book knowledge and observational and personal experience of sexual matters at the time her delusions came to the surface were unusually rich.

The Purkinje delusion is another defense built of the material of more mature knowledge against the deeper meaning of what she considered an infirmity. It is a displacement from below upward, transferring the procreative tracts from the genitals to the head. It is delusional sublimation of a repressed hetero-sexuality, the beginnings of which are buried as far back as narcissism, when the self was quite independent of other relations as far as its own efforts went, when it was self-centered and complete. But the patient's general behavior had not yet regressed in the psychosis to the narcissistic stage, for she had no settled feeling of grandeur and well-being, but of constant conflict and sadness.

The Purkinje delusion represented also a compromise between wanting children and yet not being able to have them in the ordinary way on account of a deeply buried hetero-sexuality, as well as the unconscious homosexuality.

Her choice of the specialty obstetrics was a complication sublimation. It was a sublimation of a homosexual trend. It was also a protection from the as yet unformulated curse upon herself, for as part of her

specialty she was intensely interested in eugenics, in studying ways of how children could be well-born, *i. e.*, free from her curse or feeling of guilt. But the study of obstetrics involved also a knowledge of ways for curing sterility which was included in her curse. It also brought a knowledge of how to prevent conception. So it was the sublimation of a latent homosexual of the amphigenous type.

Her two systematized delusions worked into each other and were constantly elaborated by a continued study of biography and pathology.

The author in applying Freud's mechanisms for paranoia to this case, illuminates the groundwork of the patient's delusions. The patient belongs more toward the *præcox* end than the *paranoiac* as seen in her form of delusions. There may be some question as to whether she did not belong to a depressed type of manic-depressive insanity. She did present a periodicity of headache corresponding irregularly with the menstrual rhythm. But, she was not consciously self-accusatory. And she was always intelligent and friendly, except when depressed by her headaches. She had no sense of unreality, no changeableness and fickleness, no hallucinations. She was usually well oriented to her environment and behaved with a well-sustained, sad, proud seriousness and dignity. Later in the development of her illness she was at times very profane and abusive, talking loudly and violently to herself and others.

There may be some question also whether this is not a case of compulsion neurosis run into a delusional form, for the affect of reproach remained in the purely psychic and the delusions were the development of a defense against a former hate reaction. If one can so typify it, it represents a form in which both the affect and its corresponding idea are largely buried in the psychic. Blondining the hair and collecting information from pathological and biographical literature would then be compulsive acts for further protection of her original defenses. But some of the mechanisms of paranoia are entirely applicable to her delusions.

AUTHOR'S ABSTRACT.

A Case of Mixed Neurosis with Some Paraphrenic Features. By MARY K. ISHAM, D.D. Medical Record, June 12, 1920.

The history of this case, only a part of which is here reported, is rich in psychic mechanisms now fairly well understood.

The patient, married, aged 30, a violinist and musical composer by occupation, was of Russian Jewish parentage. He complained that he could not live at home with his wife, because he was afraid he would harm his small son, aged fifteen months. He said the baby's crying nearly drove him crazy; on the other hand, when it was quiet, he was worried for fear something ailed it. He would then pinch and poke it to see if it would cry, and when the normal response was made, he was beside himself.

He said, "at the time the baby was born I was playing four times a day and worked with a personality I did not like. As soon as I met him, I felt sick. This Ruffini wanted to mislead me, to boss. He used to criticise me about my quietude. Very masculine and aggressive. I hate that type. He likes to torture people."

Before he went abroad to study music, he met the girl who later became his wife. It was a case of love at first sight. When his family found out that he intended to marry her, they interfered.

During that time he was torn by many indecisions as to whether (1) he should follow the advice of relatives or carry out his own plans with regard to marriage; (2) go home or stay abroad and spend the money which his family could ill-afford; (3) follow advice to go with women of questionable character or stay away from them; (4) yield to adolescent masturbatic fantasies and indulgences. Controlling these practices resulted in seminal losses during sleep which frightened him dreadfully, as he thought such losses would be the cause of some sort of injury to his children.

He said that he had recently had a bad quarrel with his wife, the girl about whom he had had so many conflicts, and to whom he had been married three years. "My wife comes to see me every day. She could come earlier; she never explains. If I ask her why she is late, she always answers, 'It was the baby.' I am very punctual myself. If my wife could come earlier an hour or so, I would feel better."

There was no special reason, from a superficial point of view, why she should come to see him at one time more than another. It was disclosed finally that he was not really worrying about the time at which she met the daily appointment, but about something else, the existence of which both were unaware, although not understanding its relation to their unhappiness. He suffered from *ejaculatio præcox* and his wife was frigid. His wife told him that he was too impetuous. He had displaced the anxiety arising from only partially satisfied libido, upon an incident of quite innocent appearance having a similar disturbance of time relationship and mutual adaptation.

The day after this discovery he brought his wife with him. It seemed quite wonderful to her that something had been found which had always bothered her considerably, but which she thought was wrong to speak or even think about. He simply needed some medical instruction about sex functioning. When they adjusted this matter, his pathological anxiety about his wife's punctuality ceased. His wife's slowness in comparison to his quickness touches the same complex at another angle, for his extraordinary quickness of reaction was only a symptom of an underlying inability to postpone and integrate temporary and partial pleasure reactions into more mature experiences.

During the adolescent period when away from home and forlorn in Paris, he was blocked in the quest of his real love object by a respectful

attention to parental authority, and as a substitute for his deprivation, he had reverted to fantasy which led to masturbatic practices. Controlling these had caused seminal emissions during sleep which frightened him. In addition there was a peculiar relation between himself and his parents which he did not understand. There was no complete understanding between him and them. He hated his father, brutal, indigent, lazy and selfish, but had never been able to effect an emotional independence of him, for he still retained an infantile fear of him.

The analysis showed that the patient was making a phallic symbol of his small son, who represented a castrated organ or lost virility. The pinching and poking were tests, and when the child cried, *i.e.*, showed virility, it reminded him of adolescent seminal emissions. When the child was not crying, he feared that it was deficient, impotent. He had to test it to assure himself of his own potency. The compulsive tests were also modified expressions of repressed cruelty, developed from unreacted hatred against father, first violin teacher and Ruffini.

We have seen in some of the material presented, that when the patient speaks of his musical preference for other composers, he likes the virile, massive, heavy, dominating. He is then expressing the wish for a love object of his unconscious and sublimated homosexual component, but when defensively entering the everyday world of actual contact with men, he denounces this type and veers toward the quiet and refined men with whom he identifies himself. Most of his dreams and the terms he uses in ordinary conversation regarding men show an unconscious attraction to those approaching the sadistic type. It was a childish affect toward a father image, culminating in his enslaving attraction toward the fascinating and terrifying Ruffini. He greatly exaggerates this man's character, however, according to the customary overestimation of love and hate objects.

The analysis was by no means complete at the end of the twenty-second session, but because he was rid of the troublesome obsession regarding his son, had made a better adjustment toward his wife, and obtained an insight into his feeling toward Ruffini, and for other reasons, financial and vocational, he stopped coming.

AUTHOR'S ABSTRACT.

VARIA

The Apple of Hell—A Phantasy.—"Wet streets is the first impression I have, wet streets glistening in the reflection of a solitary gaslight. And silence. I turned down a dark narrow street, the grey light of a rainy dawn just faintly showing the outline of French window, balcony, and terrace, while the silent walls echoed to the tapping cadence of my walking. My shoulders occasionally brushed the wall to my left, in my efforts to keep on the narrow sidewalk; the moist smell of fog filled my nostrils. The absolute quietness was depressing, I seemed to be the only person alive, the shut windows, the tightly closed doors, the long vistas of empty streets, the dismal cold grey half-light weighed and pressed upon my spirit and sorrow, blind hopeless sorrow, seemed to worm its way into my receptive being. What the cause for any unhappiness could be I could not fathom, it only seemed that the very universe seemed to be on the verge of some big overwhelming grief. I walked on through deserted streets.

"And as I walked with my head bowed down, and the hard pavement echoing my footsteps, it seemed to me as if there were someone with me, I sensed the nearness of another personality, and turned my head. He was walking beside me—a white-faced soldier with large dark eyes, delicate features,—like a woman. As I looked into his face he smiled—a sweet, sad smile, as if he knew my trouble and understood, and came to help me. He said nothing, and neither did I, we trudged on in silence, bound together, it seemed, by a common bond of suffering. Through winding streets ever empty and deserted, alone in the city; but still mine were the only footsteps, he seemed to make no sound, sometimes it seemed as if he were not there, until I would turn by head and he would gravely smile again. And to me it did not seem unusual for him to be there.

"Turning a corner, far down the street we saw a tall white Gothic church; when we came up to it we saw the door was open. And as I gazed on the half-open door an indescribable sensation seized me, one of fearful longing to go in—for it seemed as if the church held the secret that I longed to know, that here in this place was something I had been seeking all my life. As I hesitated the soldier went in; I followed. As I passed up the stone steps and through the arched doorways they swung behind me and softly snapped shut. We were in the church.

"Enveloped in darkness, I could not see at first. Then gradually becoming accustomed to the half-light, I could see the long narrow

center aisle, straight down toward the high altar, and through the tall windows at the other end a faint light like blue moonlight falling on the upturned faces of the multitude. There was a sea of faces all around. As I looked the church seemed to expand, there was pew upon pew of men and women, and this immense audience, this ghastly congregation, was quiet as death. No sound permeated that deathly silence, but over all was heard their breathing, *they were breathing in unison*, and the dreadful rise and fall of their combined respirations seemed like the breath of Hell beating upon my face, making a distinct noise, like a mighty monster.

"Down the center aisle there were two seats empty, only two; it seemed as if they were awaiting us, and the figure with me moved forward, I following. As we turned in to our seats every eye in that immense hall was turned upon us, there were looks of hatred cast at us by our neighbors. I turned to look at those next to me. There was a woman with a hard evil face, further down a perspiring mean-looking thief, sitting in back of me a negro, with murder written across his countenance. In a single swift glance I saw that the abandoned people of the earth were there, those of bad hearts and evil ways. I turned to look at my companion, and he too was changed; his face had become a reflection of those around him. As I glanced at him his lips drew back into a snarl, his teeth showed, there seemed to be blood on his lips, and he cursed me, sneering in a frightful way, gloating that he had enticed me into coming there with him.

"Like a wind the rise and fall of the breathing continued as an undercurrent. There was a slight rustle as if something expected were about to happen. Then in the silence I heard a very faint voice like a little child speaking. Shrill and high it rose in intensity until it dominated the assembly, it was as if this combined evil soul had given voice and was speaking words of horror and striking terror to my human heart. I knew now that those around me were not of this world. Solitary, alone, I rose to my feet to see who spoke. From the front of the church the voice came quivering, now low and soft, but penetrating the inmost recesses of my soul with fear. No one was in the pulpit, but following the line of the center aisle up to the pulpit,—directly in front on the center of the floor, alone in its smallness, but strong in its implication of concentrated evil, was an apple. From it the voice came, and as I looked again my frantic eyes saw it had a face, a small face with brilliant eyes, and a mouth that opened and closed as I watched,—a little miniature of Satan himself. Then horror, dreadful horror, mind-shaking elemental fear, seized me; I shrieked aloud in disgust, the thousands of people, the breathing, the darkness of forsaken love, hope, there was no God, no Heaven, no goodness, only this Apple, this little thing all alone, opening and closing its hideous mouth, an *Apple* speaking, an Apple—to whom these people

bowed their heads and bent their knees, for as I looked they were all kneeling, and I alone was standing.

"Then over me descended a mantle of reason and I thought. For a moment, a brief moment, I thought as we do in this world, and I saw relief. The thing was an apple, a common, ordinary apple. What did one do with apples? Why—blessed thought—one ate them. Secure in the knowledge of this wonderful fact, I stretched forth my hand, my fingers clutched the apple and in another moment my teeth were tearing it apart; I was chewing it, I was eating it. The church seemed gone—I was alone again just eating an apple. Finished, I threw the core on the floor.

"It lay there for a long time, a very long time. An icy wind blew into my heart, depression returned as I looked at the core of the apple lying on the floor. A thought came to me,—how like a worm it looked. Yes, it did look like—God, it *was* a worm! Crawling already? Yes! Was this thing going to start again? No; I had stopped it before; I'd stop it again. I'd eat that core—no, worm—but I couldn't eat a worm; I'd have to step on it. I reached forward with my foot, the worm moved away; I tried again, it moved faster. Panic seized me, I ran after it. It slithered along the floor, slipping and sliding away from me. It filled me with loathing. And now my agony recommenced. I thought it might become a butterfly, and as I thought the thing did become a butterfly. Eyes and legs and little black, bespectacled wings grew on the caterpillar's body, they grew and grew, the thing became a moth, larger and larger, like an eagle, like a heavy bat; those wings began to beat the air. Horror upon horror—my reason was gone—the immense creature rose before me past my face, beating against my eyes. The silky, hairy touch of moths' wings against my mouth and eyes rose higher and higher. I fought it; it beat me to the ground and rose again. Light, bright light, streamed down on us, and ever the wings grew till they cast a shadow on the world. The whole expanse of heaven was covered by the wings of the creature. I lay frozen with terror on the ground. The wings shut out the light and darkness enveloped all once more."

The author of the phantasy is 25 years old, in good health, and of normal sexual organization. Inasmuch as the symbolism is quite transparent I did not think it necessary to get a detailed anamnesis. The writer stated that the localization of the dream is in a French town on a night when, in the company of a woman, he stepped into a hallway to avoid encountering a military patrol. In answer to a question he added that the woman was not very pleasing to him. After returning to the United States he was in love with a woman who was "absolutely unattainable." The depressing influences of the unsatisfactory and unavailable love objects are associated in the dream with a homosexual

solution, followed by a conflict entailing severe anxiety. The latter is in two sections separated by a short interlude of partial insight.

CARL DREHER.

A Crystal Age.—I went to bed about 1:30 after reading a novel by W. H. Hudson called *A Crystal Age*, an amazing potpourri of infantile fantasies centering around a very obvious mother fixation. I know you would enjoy it as an unconscious contribution to psychoanalytic literature. The hero by some cataclysm is carried over into another and a better civilization lying centuries in the future. He is taken into the house of a sort of patriarchal or rather matriarchal family group and made one of the "children." The "house" is the focus of the religious as well as the social and economic activities of the group whose existence is pictured as idyllic. Set apart from the "children" whose ages range from thirty to seventy though in appearance they are all more youthful than their years, is "the august mother" toward whom the hero feels a deep devotion which as it deepens is accompanied by a morbidity and depression (unmotivated by the author but perfectly explicable) which finally leads him to commit suicide. He is strongly attracted also toward the youngest of the children, Yoletta, aged thirty, whom he takes to be about sixteen but from whom he can obtain no reciprocation of the strong physical passion which she evokes in him. The increasing devotion and intimacy with the "mother" is not associated by the author with the hero's increasing despondence as matters of cause and effect but the synchronism of the two is perfect. There are countless little details that read like clinical dreams. For example when his mental condition is at its worst, he happens to see a flock of storks and immediately remarks that their gay plumage, etc., restore his sanity for awhile, which I assume is an obvious reproduction of a similar satisfaction derived momentarily by the author as a child when the stork fable was used to clear up his curiosity about the origin of life. There is an air of mystery surrounding the sacred person of "the mother" which together with the complete absence of any sexual emotion in the "children," he attempts to clear up by reading in the family library. A volume treating of *Renewal of Life* affords insight into their peculiar customs, but he is forbidden by "the august mother" to read one of the volumes which can be read only by "the mother of the house." The whole thing is written in all seriousness as the author's vision of a Utopian world, but I'll wager anything that he didn't know when he wrote it that he was putting his psyche on parade. He is a well-known writer of fiction and nature studies, and a naturalist, I believe. Galsworthy and all the English writers are constantly acclaiming him the greatest living stylist, etc. I've never read anything but this, which came in my path as a part of my work.

Contributed by Dr. M. K. ISHAM (New York).

Jeremiah, xx, 14-18, especially 17-18: "... so my mother would have been my grave, and her womb always great. Wherefore came I forth out of the womb to see labor and sorrow, that my days should be consumed with shame?"

Contributed by THOMAS D. ELIOT,
Northwestern University.

Nexö, Pelle The Conqueror (transl. from The Danish), pp. 44-5: (A tuberculous club-foot cripple says:) "I'm dying. And what becomes of me then? . . . There's something that bids a man enter again into his mother's womb; now if only a man could do that, and come into the world again with two sound legs, . . ." The passage which follows is also significant.

Contributed by THOMAS D. ELIOT,
Northwestern University.

"Yea, summon Earth, who brings all things to life and rears and takes again into her womb."

Aeschylus:: Choeph. 127.

Contributed by THOMAS D. ELIOT,
Northwestern University.

War-Time Erotic Symbolisms.—The problem to be solved is: Why were the American soldiers called doughboys, and why were doughnuts served them to the practical exclusion of other dainties?

While in a half-awakened state this morning my foreconscious has provided the answer by connecting two smutty jokes I read yesterday in a rabelaisian paper from Barcelona called "Papitu," with the above-named bellicose phenomena.

One of the jokes was this: One girl tells the other, "So you have broken with Mike and you are now keeping company with a baker?" The other answers: "Well, you see, he's got more dough." Dough has at least three meanings: the dough proper, money, and the sperma. It is the last that is hinted in the joke, of course. It would appear then, that doughboys means boys with sperma, that's to say, manly boys. This is very similar to the way the French express the idea that a man "has got a lot of backbone," by saying, "il a des cuillons, celui-là." The same expression is used in the other Latin languages.

It may be noticed also that the French name *poilu* is also a symbolic expression for manly man, that is to say, sexually potent man, since a hairy body is supposed to be a sign of virility, this notion being considerably more widespread in the Latin than in the Northern countries. In France or in Spain to say that a man is *poilu* is to give a hint as to his sexual nature. We find then that *poilu* and doughboy mean the same thing.

Another problem presents itself: How is it that the symbolism used by a Puritanic nation such as the United States is more obvious and shameless than that used by a (sexually) outspoken people like the French? The explanation may lie in the fact that the American symbolism is unconscious, while the French is no more than foreconscious, and very often quite conscious. The French are aware (or at least partly aware) of what they mean, the Americans are not.

Perhaps another explanation might be offered by the resemblance between the words *doughboys* and *toughboys*. This would not exclude the first explanation, as we are used to find the products of the unconscious to be overdetermined.

The other joke referred to, is part of a song, which says: "Oh, Johnny, how handsome you are; I've got a doughnut that shall be, oh, all for you, and just for you," etc. The meaning is clear enough. We could say then, that when American women devoted their energy to regaling the soldiers with doughnuts, they were merely following in a roundabout manner that time-honored tradition followed by the Sabine women. It was a symbolical offering of their sexual "appas" to the heroes. That would explain that sublime spiritual satisfaction that they all found in this performance. Have not we wondered why the doughnut had such an indisputable supremacy, why had the cake, the pie, the cooky, the frankfurter, the sandwich, the lady finger, and other gastric delights been relegated to such unimportant positions? There is a reason. Nay, not one, but lots of them. Let's see: let's observe the process of manufacturing doughnuts and we will find that it is a symbol of procreation. The dough (sperma) is thrown into a boiling cauldron (the womb) and in the course of time (nine months) the dough has been turned into a doughnut (cunnus-woman). The doughnut (woman) is delivered to the brave hero. (Remember "War Brides.") This symbolic process did probably provide a great satisfaction to Salvation Army old maids et altri. A compensation for sterility.

There is still another reënforcing interpretation. The soldiers are brave because they are *doughboys*. It is the dough, that makes them brave, manly. Therefore, in order to prepare them for battle, the females provide them with more dough, that is to say, with more bravery stuff, more sperma. Similar symbolical acts would be found plentifully in history.

We might as well say something about the other meaning of the word "dough," the meaning of money. It is possible that the country in which this meaning is more prevalent is America, which could be understood by keeping in mind that here more than in other places a man's value is measured according to his pecuniary strength, that is to

say, that monetary power and sexual power are here more intertwined than in most other countries. Both money and sperma are symbols of strength. In the common-run mentality of women they are almost identical, as it is made sufficiently clear in the movies. No wonder, then, that the same word means both forms of potency.

J. B. ALEMANY.

BOOK REVIEWS

AUTO-EROTIC PHENOMENA IN ADOLESCENCE. By K. Menzies. Published by Paul B. Hoeber, New York, 1920. Pp. 94. Price, \$1.50.

This little book is a really intelligent and judicial discussion of masturbation, such as is rarely to be found in the literature of this much misunderstood subject. The discussion is conducted from a psycho-analytic standpoint and is well worth reading by the practicing physician whose habit it has been to try to tell his patient that the only way he can get over his difficulty is by using his "will-power."

If the reviewer has any criticism of the book it would be to the effect that sufficient emphasis is not laid upon the fact that masturbation tends to continue the libido fixed at the auto-erotic level and that as in all neurotic situations there is a vicious circle, which in this particular instance runs as follows, auto-erotic fixation, masturbation, increased auto-erotic fixation, increased masturbation. The question is by no means the simple question of relieving auto-erotic tensions. The question involves the whole matter of the mental attitude of the individual and in order that the masturbator may get well he must develop a new set of ideals, a new set of drives.

WHITE.

DREAM PSYCHOLOGY. By Prof. Sigmund Freud, translated by M. D. Eder. Published by The James A. McCann Co., New York, 1920. Pp. 237.

A short work on Dream Psychology by Professor Freud, with a subtitle, "Psychoanalysis for Beginners." The reviewer must confess to having read the book with a great deal of disappointment. Appearing so shortly after Professor Freud's delightful "Introduction to Psychoanalysis," the contrast is very marked. It is quite as difficult to read, although not nearly so long as the original "Interpretation of Dreams," and is taken up to no small extent with hypothetical discussions which will certainly not be easy reading for beginners. Some of the difficulties are undoubtedly incident to the translation.

WHITE.

MENTAL SELF-HELP. By Dr. Edwin L. Ash. Published by the Macmillan Co., New York, 1920. Pp. 119.

A wholesome little book that breathes the spirit of mental health and admonishes the reader to avoid destructive emotions and cultivate constructive thoughts and ideals. Written by a physician it evidences an

unusual appreciation of the physically destructive effects of long-continued bad psychological adjustments.

WHITE.

OLD AT FORTY OR YOUNG AT SIXTY. By Robert S. Carroll, M.D. Published by the Macmillan Co., New York, 1920. Pp. 147.

Dr. Carroll writes entertainingly about an important subject. He voices many platitudes and says many things very well. He lacks the depth of insight which a knowledge of psychoanalysis would give, but he is not antipathetic towards this method of approach. Altogether the book the reviewer thinks lays too much emphasis upon the physical and too little upon the mental—a criticism that would hardly be expected to apply to a psychiatrist. The doctor seems to think that exercise and proper food will work wonders in the process of rejuvenation. He fails to appreciate the new point of view, the changed emotional, orientation which accompanies the marked alterations in habits which he advises. His emphasis on food is altogether over-stressed. The glutton suffers as much, if not more, from the destructive results of continuous sensual self-indulgence as from disturbances of metabolism. The extreme to which the author goes in the matter of food is illustrated on page 33, where he revives the old fiction of the frequency of insanity among farmers' wives, but in place of attributing it to the cause usually brought forward—their loneliness and isolated lives—he attributes it to a diet too rich in proteins.

WHITE.

THE PSYCHOLOGY OF FUNCTIONAL NEUROSES. By H. L. Hollingworth. Published by D. Appleton and Company, New York, 1920. Pp. 259.

The author, Professor Hollingworth, was one of the psychologists stationed at Plattsburg in the Neuro-psychiatric Unit, and had a large experience in dealing with the neuroses. He has approached the problem, as was to be expected, from the point of view of the psychologist with his methods of measurement of intelligence, statistical studies of the material, and the like, with the constant effort always in mind of finding some way of measuring up the patient and expressing the results quantitatively. It is an interesting account of the net results of such methods, applied both in group studies and to individuals, and gives a clear idea of what may be expected from their application in the present state of our knowledge.

The author prefaces the account of his results by a running criticism upon such concepts as "transfer of libido," "symbolism," "regression," "conditioned reaction," "pithiatism," "conversion," "general suggestibility," "dissociation," "fixation," "siphoning of affects," "attachment of free flowing affects," "infantilism," etc, and discards them all as

descriptive terms that are unwarranted. He prefers to use the term "redintegration." There is no special reason why he should not use it, but it hardly seems as if it should be necessary to discard all the other expressions which have served and are serving their purpose to substitute another which, so far as the reviewer can see, has no advantage whatever, and satisfies no need for a new term. New terms are useful and helpful when they do satisfy such a need, but to merely multiply them arbitrarily can serve no good purpose. In fact the reviewer believes that as the Doctor uses the term "redintegration" it is a step backward rather than forward. Despite his emphasis upon the necessity for dynamic concepts the exclusive use of a word that means nothing more than the substitution of a part for the whole, must necessarily make for a superficial descriptive attitude toward the whole situation and this is precisely what is found in the book despite the author's decial of such tendencies. Like so many critics of psychoanalytic viewpoints, he fails to grasp the real genetic concept with which the psychoanalyst is working.

WHITE.

THE PSYCHOLOGY OF DREAMS. By William S. Walsh, M.D. Published by Dodd, Mead & Co., New York, 1920. Pp. 361.

And still the books on the new psychology and the psychology of dreams continue to be written. The stimulus which Freud gave to psychological thinking is producing increased rather than decreased results. Dr. Walsh's book is among this great group. It undoubtedly has satisfied Dr. Walsh very much in the writing and will entertain very many in the reading, though it cannot be said to offer anything particularly new or novel other than the fact that it is the personal presentation of the author. In general, from the psychoanalytic point of view the whole discussion fails in a real appreciation of the meaning and the function and the nature of the unconscious, and although it is true that the author uses psychoanalytic types of interpretation, still they are superficial types which have been uncovered and made available through psychoanalytic insight. What the author says about spiritualism and life after death is very much to the point and his comments on the fears of the expectant mother and the possibility of their marking the child might be read with profit by the layman. The book is interestingly written and undoubtedly will serve a function in popularizing that new method of thinking which the psychoanalyst believes is so pregnant with possibilities for the future.

WHITE.

THE NEW PSYCHOLOGY AND ITS RELATION TO LIFE. By A. G. Tansley.
Published by George Allen & Unwin, Ltd., London, and Dodd, Mead
& Co., New York. Pp. 283.

This book is one of the best of the books that pretends to set forth the new movement in psychology which has come to the reviewer's hands for some time. It is a carefully presented description of the dynamic trends as the author sees them in present-day psychology, and it is written from a sufficiently broad knowledge of what is going on to make the presentation valuable, suggestive, and withal alive. The psychoanalytic viewpoint comes in for considerable consideration and on the whole for commendation. There are many minor points which of course could be criticized, but the book as a whole is a substantial one and well written.

WHITE.

THE SECRET SPRINGS. By Harvey O'Higgins. Published by Harper & Brothers. New York and London, 1920.

One of the most interesting of the books, the object of which is to popularize the new psychology. It is written by a magazine writer who purports to have received his stimulus and his detailed information from a Doctor X who is disclosed upon the last page to be Dr. Edward H. Reede, of Washington, D. C. The book is clearly written, the illustrations are well chosen, and the whole story is presented under several captions in an interesting, in fact in an entertaining way. There is a very interesting chapter on Roosevelt, which is the first effort, so far as the reviewer knows, to correlate his dominant characteristics with his early poor health. This analysis is distinctly along the lines of the Adlerian psychology and also is in harmony with the views of the Jung School to the effect that a neurotic must either remain an inferior person or if he succeeds in conquering his difficulties, he of necessity becomes a superior person: The Doctor departs from some of the more rigid Freudian tendencies. This is particularly marked in his emphasis on the herd instinct and his belief in the instinctive nature of the religious feeling. He too is disinclined to see as much sexuality in dreams, for example, as he thinks the Freudians do and cites a number of dreams the analysis of which did not discover any sexual repressions and yet were sufficient to favorably effect the symptoms.

If one were to criticize the book, and that after all is the function of the reviewer, it might be said that a certain amount of weight and authority is sacrificed to facility and nimbleness of expression. This perhaps is because it is written by a man whose business it has been to arrest public attention and who instinctively knows the technique of so doing. The general impression which his presentation gives is that the whole matter is rather too simple. In reading between the lines,

however, the reviewer suspects that in many cases where the outcome is not mentioned that the doctor did not find it as a matter of fact quite so easy. It is, however, not quite fair to criticize a popular presentation from this point of view. The illustrative matter is well chosen and used with considerable skill in presenting the various points. The decomposition of an author into two personalities, writer and doctor is unusual to say the least, and the book which has come out of this schism far exceeds in merit what one would have expected.

WHITE.

THE MAJOR SYMPTOMS OF HYSTERIA (Second Edition). By Dr. Pierre Janet. Published by The Macmillan Co., New York, 1920. Pp. 345.

This is a new edition of the lectures given by the author at Harvard Medical School in 1906. The lectures are reprinted, but the author in a very interesting introduction to this second edition discusses the development in his thought touching hysteria since that time.

The author refers to his previous works in which he emphasized the importance of fixed ideas in hysteria; the symptoms are but an expression of a conviction that the patient has in his mind, or to put it in the words of Bernheim "the hysteric patient realizes her accident as she conceives it." This view has much to commend it, as too has the later and more developed aspect of this theory which goes under the name of pithiatism. Pithiatism distinctly attributes the symptoms to suggestion. Janet, however, very properly points out that this is an incomplete and inadequate explanation, as the normal mind does not react to suggestion as does the hysteric. He makes a similar criticism, and with as much justness, of the theory that the "driving back" of the idea is sufficient to account for the symptoms. Such a theory does not take into account the fact that the normal mind does not develop hysterical symptoms solely because of disagreeable ideas.

Janet reverts to his theory, which he has frequently expressed elsewhere, of the hierarchy of the mental functions, in which, following the analogy of fatigue, the higher functions are exhausted and the lower type are then free to manifest themselves. Janet sees in reflection the evidence of the activity of the higher functions, and in the absence of reflection the indication of their exhaustion and the sign of the activity of the lower functions, which the reviewer takes is but another way of saying that reflex and automatic acts are not accompanied by consciousness or at least not a highly organized consciousness, whereas acts which involve judgment, choice, and where there are many motives engaged result in that delay between preception and action which is filled in by consciousness.

Janet says that disturbances of motility and sensibility in hysteria have received a maximum amount of attention because of the impress

upon the study of hysteria given by the clinic of the Salpêtrière, which was essentially a neurological clinic. He thinks it is important now to realize that fixed ideas may relate to mental events as well as to physical and that the accidents of hysteria will have more and more to be studied from this point of view, which appreciates the more distinctly mental symptoms such as impairments of memory, deliria, etc. Janet considers hysteria as a form of mental depression and he gives three grades of depression, namely sadness, laziness, and aboulia. It is only in the third degree that the power of reflection disappears and where the patient simply transforms his tendencies, which are at the moment the strongest, into automatic activities. He believes further that the hierarchic table of mental activities will some day be so well established that the psychoses will be determined by the level to which the depression falls in various phases of the disease and that the disease will therefore be designated by the characteristics of the curve of psychological depression in its evolution. This is a very interesting and useful concept, but in the opinion of the reviewer needs further elaboration so as to include a consideration of both the ontogenetic and the phylogentic material.

It is needless to comment upon the lectures themselves. They were well received when they were given at Harvard. They are a clear and illuminating presentation of the subject by a master mind. They will bear rereading at this date in the light of the theories which have been developed since they were given and the comments of the author in his introduction above referred to.

WHITE.

TEXT-BOOK OF NERVOUS DISEASES (Ninth Edition). By Charles L. Dana. Published by William Wood & Company, New York, 1920. Pp. 655. Price, \$6.50.

This is the ninth edition of this work which has appeared in the last twenty-eight years. That the book has been able to hold its own all these years is an evidence of the possession of excellencies which are appreciated.

The author is at his best distinctly when he is dealing with the organic disorders of the central nervous system, and the chapters dealing with these disorders are adequately and clearly treated from the point of view of a text-book. The portion that deals with functional disorders is correspondingly inadequate and disappointing.

In his preface the author discusses his failure to attempt to deal with the nervous system in accordance with the various evolutionary levels. He has in fact dealt with it largely on the basis of a practical division, for the most part anatomical. The book suffers from this lack of a coördinating point of view. There is a chapter on medical psychology.

The author has little to say about psychoanalysis, but rather dismisses it with a few words, and implies that whatever contributions it has to offer are unimportant or restatements of what was already known.

WHITE.

THE ADOLESCENT GIRL. By Phyllis Blanchard, Ph.D. Published by Moffatt, Yard and Co., New York, 1920. Pp. 242.

Dr. Blanchard's book is a pleasing presentation of a timely and important subject. The woman movement has raised many issues that are pregnant with great possibilities. Woman's entrance into the political field is bound to result in marked social changes in various directions. To some her activities are the beginning of no less than a real revolution in political ideals. Her age-long training as mother, they think, has made it possible for her to renounce immediate results and to work for the future and for coming generations much more wisely and effectively than man has been able to. Certain it is that she is entering upon her new activities with vigor and determination to accomplish something, and it is meet that she should survey her own psychology so that she may know with what she is equipped to undertake her new activities and in what directions she may expect her greatest successes. Dr. Blanchard endeavors to size up the budding personality of the adolescent girl and in the main she applies the measuring rod of psychoanalysis to its interpretation. She has produced not only a readable and an interesting book but one which is full of suggestion. Incidentally it gives the reader a very good idea of the psychoanalytic viewpoint and must be of value both to those who want to know something of this viewpoint and those who wish to know something of the inner nature of woman.

WHITE.

NOTICE.—All business communications should be addressed to The Psychoanalytic Review, 3617 Tenth Street, N. W., Washington, D. C.

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